

SERFF Tracking Number: ELAS-125903432 State: Arkansas
 Filing Company: AXA Equitable Life Insurance Company State Tracking Number: 40842
 Company Tracking Number: 2008ADOPT
 TOI: A02.11 Individual Annuities- Deferred Non- Sub-TOI: A02.11.002 Flexible Premium
 Variable and Variable
 Product Name: Accumulator 08
 Project Name/Number: Accumulator 08 Application and 2008ADOPT Endorsement/2008ADOPT

Filing at a Glance

Company: AXA Equitable Life Insurance Company

Product Name: Accumulator 08 SERFF Tr Num: ELAS-125903432 State: ArkansasLH

TOI: A02.11 Individual Annuities- Deferred Non- SERFF Status: Closed State Tr Num: 40842

Variable and Variable

Sub-TOI: A02.11.002 Flexible Premium Co Tr Num: 2008ADOPT State Status: Approved-Closed

Filing Type: Form Co Status: Reviewer(s): Linda Bird

Author: Frank E Fernandez Disposition Date: 11/19/2008

Date Submitted: 11/14/2008 Disposition Status: Approved-

Closed

Implementation Date Requested: 11/28/2008

Implementation Date:

State Filing Description:

General Information

Project Name: Accumulator 08 Application and 2008ADOPT
Endorsement

Project Number: 2008ADOPT

Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments: Due to a recent change in law, the state of New York no longer requires filing of this type of form for use outside of New York. Instead, New York now requires that we file annually, a list identifying and describing the policy forms issued by us for delivery outside New York.

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 11/19/2008

State Status Changed: 11/19/2008

Corresponding Filing Tracking Number:

Deemer Date:

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Filing Description:

Your Department approved the Applications shown in the Form Schedule and Endorsement 2008ADOPT as part of the submission for our "Accumulator '08 Series" variable annuity product. These forms have never been used.

We are filing for your approval, replacing versions of the subject Applications and Endorsement with changes explained in detail in our attached filing letter.

Company and Contact

Filing Contact Information

Gregory Prato, Assistant Vice President gprato@mony.com
 1290 Avenue of the Americas, 14th Floor (212) 314-5710 [Phone]
 New York, NY 10104 (212) 314-4561[FAX]

Filing Company Information

AXA Equitable Life Insurance Company CoCode: 62944 State of Domicile: New York
 1290 Avenue of the Americas, 14-10 Group Code: 968 Company Type: LIFE Insurance
 New York,, NY 10104 Group Name: State ID Number:
 (212) 314-2921 ext. [Phone] FEIN Number: 13-5570651

Filing Fees

Fee Required? Yes
 Fee Amount: \$180.00
 Retaliatory? No
 Fee Explanation: 9 forms * \$20.00 fee = \$180.00
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
AXA Equitable Life Insurance Company	\$180.00	11/14/2008	23929409

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	11/19/2008	11/19/2008

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Disposition

Disposition Date: 11/19/2008

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Filing Fee Transmittal		Yes
Supporting Document	Filing Letter		Yes
Supporting Document	Variable Text Memorandum		Yes
Form	Enrollment Form/Application		Yes
Form	Enrollment Form/Application		Yes
Form	Enrollment Form/Application		Yes
Form	Enrollment Form/Application		Yes
Form	Enrollment Form/Application		Yes
Form	Enrollment Form/Application		Yes
Form	Enrollment Form/Application		Yes
Form	Enrollment Form/Application		Yes
Form	Endorsement Applicable To The Right To Add An Optional Guaranteed Minimum Income Benefit ("GMIB") Rider		Yes

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Form Schedule

Lead Form Number: 2008ADOPT

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	2008 App 01 C	Application/ Enrollment Form	Enrollment Form/Application Form	Revised	Replaced Form #: 2008 App 01 C Previous Filing #: ELAS-125582288	0	2008 App 01 C No GWBL.pdf
	2008 App 01 S	Application/ Enrollment Form	Enrollment Form/Application Form	Revised	Replaced Form #: 2008 App 01 S Previous Filing #: ELAS-125582288	0	2008 App 01 S No GWBL.pdf
	2008 App 01 E	Application/ Enrollment Form	Enrollment Form/Application Form	Revised	Replaced Form #: 2008 App 01 E Previous Filing #: ELAS-125582288	0	2008 App 01 E No GWBL.pdf
	2008 App 01 P	Application/ Enrollment Form	Enrollment Form/Application Form	Revised	Replaced Form #: 2008 App 01 P Previous Filing #: ELAS-125582288	0	2008 App 01 P No GWBL.pdf
	2008 App 02 C	Application/ Enrollment Form	Enrollment Form/Application Form	Revised	Replaced Form #: 2008 App 02 C Previous Filing #: ELAS-125582288	0	2008 App 02 C No GWBL.pdf
	2008 App 02 S	Application/ Enrollment Form	Enrollment Form/Application Form	Revised	Replaced Form #: 2008 App 02 S Previous Filing #: ELAS-125582288	0	2008 App 02 S No GWBL.pdf
	2008 App 02 E	Application/ Enrollment Form	Enrollment Form/Application Form	Revised	Replaced Form #: 2008 App 02 E Previous Filing #: ELAS-125582288	0	2008 App 02 E No GWBL.pdf
	2008 App	Application/ Enrollment		Revised	Replaced Form #:	0	2008 App 02

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02 P	Enrollment Form/Application Form	2008 App 02 P	Previous Filing #: ELAS-125582288	P FL No GWBL.pdf
2008ADOP T	Policy/Cont Endorsement ract/Fratern Applicable To The al Right To Add An Certificate: Optional Guaranteed Amendmen Minimum Income t, Insert Benefit ("GMIB") Page, Rider Endorseme nt or Rider	Revised	Replaced Form #: 0 2008ADOPT Previous Filing #: ELAS-125582288	2008ADOPT End.pdf



AXA Equitable Life Insurance Company

Enrollment Form/Application

Accumulator®
AXA Advisors, LLC

Combination fixed and variable deferred annuity

Enrollment Form under Group Annuity Contract No. 2006GAC and Application for Individual Contract

Please make checks payable to: AXA Equitable

First-Class Mail: AXA Equitable, Accumulator, P.O. Box 1577, Secaucus, NJ 07096-1577

Express Mail: AXA Equitable, Accumulator, 500 Plaza Drive, 6th Floor, Secaucus, NJ 07094-3619

For assistance, please call 800-338-3434

www.AXAonline.com

1. Contract Specifics

A. Type of Contract (Please choose one.)

- Non-Qualified (NQ)
- Rollover IRA
- Flexible Premium IRA (Contributions for Tax year ____)¹
- Roth Conversion IRA
- Flexible Premium Roth IRA (Contributions for Tax year ____)¹
- ERISA Rollover TSA or Non-ERISA Rollover TSA
- Qualified Plan Defined Contribution (DC)²
- Qualified Plan Defined Benefit (DB)²
- Inherited IRA BCO (Direct Transfer of Decedent IRA)³
- Inherited Roth IRA BCO (Direct Transfer of Decedent Roth IRA)³
- Non-spousal QP Direct Rollover to an Inherited IRA BCO³

¹ PGB is not available. ² EEB is not available.

³ GMIB, PGB and Special DCA are not available.

B. Total Initial Contribution(s): \$ _____

Specify Method(s) of Payment:

- Check or Wire
- 1035 Exchange (from Single Owner Contract, NQ only)
- 1035 Exchange (from Joint Owner Contract, NQ only)
- CD or Mutual Fund Proceeds (NQ only)
- Direct Transfer (IRA, Roth or Rollover TSA)
- Rollover (IRA, Roth or Rollover TSA)
- Direct Rollover (Non-Spousal QP to Inherited IRA only)
- Direct Transfer from another carrier (Rollover TSA only)

2. Account Registration (Please print)

A. Owner (Must be legal resident of US.)

- Individual Trust Qualified Plan Trust (DC/DB) UGMA/UTMA (State _____ Child's SSN _____)
- Other Non-Natural Owner Beneficiary of Deceased IRA Owner
- Male Female **Date of Birth (mm/dd/yyyy)** _____ **Daytime Phone #** _____

Name (First) (Middle Initial) (Last) _____ Taxpayer Identification Number (Please check one.) SSN EIN ITIN

U.S.A. Primary Residential Address only — No P.O. Box Permitted City State ZIP Code

If your Mailing Address is different from the Primary Residential Address above, please provide your Mailing Address in Section 5.

Email Address _____

B. Joint Owner (Must be legal resident of US.)

• The individual designated below is the Joint Owner.

- Male Female **Date of Birth (mm/dd/yyyy)** _____

Name (First) (Middle Initial) (Last) _____ Taxpayer Identification Number (Please check one.) SSN ITIN

U.S.A. Primary Residential Address only — No P.O. Box Permitted City State ZIP Code

Email Address _____

C. Annuitant (If other than Owner.)

Male Female Date of Birth (mm/dd/yyyy) _____

Name (First) (Middle Initial) (Last) _____ Taxpayer Identification Number (Please check one.) SSN ITIN

U.S.A. Primary Residential Address only — No P.O. Box Permitted _____ City _____ State _____ ZIP Code _____

D. Joint Annuitant

• For NQ 1035 Exchange Certificates/Contracts that are Joint Annuitants who are spouses.

Male Female Date of Birth (mm/dd/yyyy) _____

Name (First) (Middle Initial) (Last) _____ Taxpayer Identification Number (Please check one.) SSN ITIN

U.S.A. Primary Residential Address only — No P.O. Box Permitted _____ City _____ State _____ ZIP Code _____

3. Patriot Act Information

- 1. Are you a US Citizen? (If "Yes" proceed to question 3.) Yes No
- 2. If you are not a US citizen do you hold a valid US visa, which under the US Patriot Act, permits you to purchase this annuity? Yes No

US Visa Category (The following categories are NOT permitted: B, C, D, F, J, M, Q, TWOV.) _____

3. Your Occupation _____ 4. Your Employer _____

Owner Form of Identification (Please check one.) Valid Driver's License Passport State Issued ID

Identification Number _____ Exp. Date _____

Joint Owner Form of Identification (Please check one.) Valid Driver's License Passport State Issued ID

Identification Number _____ Exp. Date _____

4. Beneficiary(ies) (Please use Special Instructions for Additional Beneficiaries.)

A. Primary

- 1. _____ %
Primary Beneficiary Name _____
Relationship to Owner _____
- 2. _____ %
Primary Beneficiary Name _____
Relationship to Owner _____
- 3. _____ %
Primary Beneficiary Name _____
Relationship to Owner _____

B. Contingent

- 1. _____ %
Contingent Beneficiary Name _____
- 2. _____ %
Contingent Beneficiary Name _____
- 3. _____ %
Contingent Beneficiary Name _____

5. Special Instructions

Attach a separate sheet if additional space is needed. For Owners whose Mailing Address differs from their Primary Residential Address in Section 2, please complete the following:

Mailing Address — P.O. Box accepted _____ City _____ State _____ Zip Code _____

6. Optional Benefit Elections

These optional riders are purchased for an additional charge. You should read the prospectus, disclosure on page 8 and applicable supplements for more complete information including the limitations, restrictions, charges and other information that applies to these features before making a selection.

A. Guaranteed Minimum Income Benefit (GMIB)

STOP Guaranteed Minimum Income Benefit (GMIB) and Guaranteed Minimum Death Benefit (GMDB) elections are made in this section.

- GMIB is declined unless "Yes" is checked below.
- If you elect GMIB, you may not elect PGB.
- Owner issue ages [20-75.]

Choose One:

1. [6%] GMIB with Annual Reset

- Yes, I wish to elect [6%] GMIB and Greater of [6%] Roll Up to age [85] or Annual Ratchet to age [85] GMDB
- Yes, I wish to elect [6%] GMIB and Annual Ratchet to age [85] GMDB
- Yes, I wish to elect [6%] GMIB and Standard GMDB

Annual Reset Election — Optional

- Automatic Reset Program** Reset my Roll Up Benefit Base(s) every year that I am eligible.
- Customized Reset Program** Reset my Roll Up Benefit Base(s) each year up to and including the contract anniversary date in the year _____ only. I understand that resets will only occur during this time period if I am eligible.

If you elected GMIB, skip to Section 6D for the opportunity to elect EEB, otherwise, proceed to Section 7.

B. Principal Guarantee Benefit (PGB)

STOP If you elected PGB, you must make a GMDB election in Section 6C.

- PGB is declined unless "Yes" is checked below.
- If you elect PGB, you may not elect GMIB.
- Yes, I wish to elect the **100% PGB**: Owner **must** allocate funds among the **Asset Allocation Investment Options, GIO and/or Special DCA**.
- Yes, I wish to elect the **125% PGB**: Owner **must** allocate funds among the **AXA Moderate Allocation Investment Option, GIO and/or Special DCA**.

C. Guaranteed Minimum Death Benefit (GMDB)

STOP If you elected GMIB do not complete this section.

- If you did not elect GMIB, this section is MANDATORY.
- For Owner issue ages [81-85] the Certificate/Contract will be issued with Standard GMDB.
- Standard — Owner issue ages [0-85]
- Annual Ratchet to age [85] — Owner issue ages [0-75]

D. Earnings Enhancement Benefit (EEB)

EEB is declined unless "Yes" is checked below.

- Yes, I wish to elect the EEB — Owner issue ages [0-75.]

7. Dollar Cost Averaging (Optional)

Dollar Cost Averaging (DCA) options — You may choose either Special or General Dollar Cost Averaging.

- Your DCA option is elected below and if you are not allocating 100% of your initial contribution to a DCA option, the balance of your initial contribution is allocated among the Investment Selections in Section 8 Column A.
- Your DCA contribution will be transferred to the Investment Selections in Section 8 Column B according to the instructions below.

A. Special Dollar Cost Averaging (Special DCA) — Check box for one time period and specify an allocation percentage or dollar amount.

• **Note:** Not available with Inherited IRA/Roth IRA.

3-months: **100% Allocation** or ____% or \$ _____

6-months: **100% Allocation** or ____% or \$ _____

12-months: **100% Allocation** or ____% or \$ _____

- In Section 8, you must complete the DCA Allocation Column B for amounts to be transferred (Column B must total 100%).
- If allocating 100% of your initial contribution to Special DCA above your requirement to complete Column A is fulfilled.
- If only allocating a portion of your initial contribution to Special DCA above, you must ALSO complete the initial Contribution Allocation Column A for the remaining amount of your initial contribution (Column A must total 100%).

B. General Dollar Cost Averaging (General DCA) You may choose only one of the options listed below.

1. **Guaranteed Interest Option (GIO)* — Interest Sweep Option**

- By selecting the box above (GIO – Interest Sweep Option), up to 25% of your contribution may be allocated to the GIO and the interest will sweep monthly to the funds selected.
- For your initial contribution, you must complete Contribution Allocation Column A (must total 100%) including an allocation to the GIO. The amount allocated to the GIO must be a minimum of **[\$7,500]** but may not exceed 25% of your contribution.
- You must complete the DCA Allocation Column B for the amounts to be transferred (Column B must total 100%).
- **The maximum allocation to the GIO is 25% of your contribution.**

2. **Fixed Period Option –**

- Check one of the boxes below for the Investment Selection from which funds will be transferred monthly and specify the transfer period in the blank.

Choose one: **GIO*** ____ (months) or **EQ/Money Market*** ____ (months)

- If selecting the GIO box above, up to 25% of your contribution may be allocated to the GIO in Column A which will then DCA to the funds selected in Column B.
- If selecting the EQ/Money Market box above, up to 100% of your contribution may be allocated to the EQ/Money Market in Column A which will then DCA to the funds selected in Column B.
- For your initial contribution, you must complete Contribution Allocation Column A (must total 100%) including a minimum allocation of **[\$5,000]** to either the GIO or the EQ/Money Market. The amount allocated to GIO may not exceed 25% of your contribution.
- You must complete the DCA Allocation Column B for the amounts to be transferred (Column B must total 100%).
- **The maximum allocation to the GIO is 25% of your contribution.**

* Contributions allocated to this Investment Option will cause the Rollup portion of your GMIB/GMDB benefit base to grow at **[3%]** (if elected).

Percentages must be whole numbers — (Continued from previous page)

A. Contribution Allocation % (Required)	B. DCA Allocation % (Optional)	A. Contribution Allocation % (Required)	B. DCA Allocation % (Optional)
_____ % Fixed Income ¹	_____ %	_____ % Money Market	_____ %
_____ % EQ/AllianceBernstein Intermediate	_____ %	_____ % EQ/Money Market*	_____ %
_____ % Government Securities	_____ %		
_____ % EQ/JPMorgan Core Bond	_____ %		
_____ % EQ/Long Term Bond	_____ %		
_____ % EQ/PIMCO Real Return	_____ %		
_____ % EQ/Short Duration Bond	_____ %		
_____ % Multimanager Core Bond	_____ %		
_____ % Multimanager High Yield	_____ %		

Column(s) A: _____ % Contribution Allocation Total

Column(s) B: _____ % DCA Allocation Total

 Please confirm Column A and Column B (if elected) EACH total 100%.

- **Note:** If you elected 100% PGB you may only allocate among "GIO" and/or the "Asset Allocation" investment options.
- If you elected 125% PGB you may only allocate among "GIO" and/or the "AXA Moderate Allocation" investment option.

¹ Classification/grouping based on AXA Equitable's classification.

² Will be known as EQ/Legg Mason Value Equity until on or about December 1, 2008.

³ Will be known as EQ/FI Mid Cap until on or about December 1, 2008.

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9. Fund Rebalancing (Optional)

You may **not** elect Rebalancing if you allocate 100% of your contribution to only one investment option; we **cannot** rebalance one option. **Additional Variable Investment Option (VIO) and GIO transfers you make will not modify or cancel the scheduled rebalancing.**

Option 1: VIO only. This option only rebalances funds allocated to VIOs. You may **not** elect this Rebalancing option if you elect General DCA Fixed Period Option from the EQ/Money Market.

Quarterly Semi-Annually or Annually

Option 2: VIO and GIO. You may **not** elect this Rebalancing option if you elect any DCA.

Quarterly Semi-Annually or Annually

The Rebalancing Program will use the Contribution Allocations provided in Section 8 column A. Any changes to this program must be in writing. Rebalancing will be on the same day of the month as the Contract Date.

10. Current Insurance

1. Do you have any other existing life insurance or annuities?

Yes No

2. Will any existing life insurance or annuity be (or has it been) surrendered, withdrawn from, loaned against, changed or otherwise reduced in value, or replaced in connection with this transaction assuming the Certificate/Contract applied for will be issued?

Yes No

If Yes, complete the following:

Company	Type of Plan	Year Issued	Certificate/Contract Number

11. Contract State

The Contract State is your state of primary residence (Owner's primary residential address from Section 2) unless you sign the application in a different state. **If you are signing this application in a state other than your state of primary residence, check one box below:**

I have a second residence in the state of sale.

I work or conduct business in the state of sale.

If none of the above apply the application must be signed in your state of Primary Residence, unless we approve another state.

12. Fraud Warnings

Arkansas/New Mexico: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

• **Colorado/District of Columbia/Kentucky/Louisiana/Maine/Tennessee:** It is a crime to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages.

• **Oklahoma:** Any person who knowingly and with intent to injure, defraud or deceive an insurer, files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony.

• **Ohio:** Any person, who with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an enrollment form/application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

• **All other states (except Virginia):** Any person who knowingly and with intent to defraud any insurance company files an enrollment form/application or statement of claim containing any materially false, misleading or incomplete information may be guilty of a crime which may be punishable under state or Federal law.

13. Signature and Acknowledgements

GENERAL DISCLOSURE. I/WE UNDERSTAND AND ACKNOWLEDGE THAT:

- Account value(s) attributable to allocations to the variable investment options, and any variable annuity benefit payments I may elect, may increase or decrease and are not guaranteed as to dollar amount.
- In the case of IRAs, Qualified Plans and TSAs that provide tax deferral under the Internal Revenue Code, by signing this enrollment form/application I acknowledge that I am buying the Certificate/Contract for its features and benefits other than tax deferral, as the tax deferral feature of the Certificate/Contract does not provide additional benefits.
- Under penalty of perjury, I certify that the Tax Identification Number in Section 2 is correct.
- All information and statements furnished in this enrollment form/application are true and complete to the best of my knowledge and belief.
- AXA Equitable may accept amendments to this enrollment form/application provided by me or under my authority.
- No financial professional has the authority to make or modify any Certificate/Contract on behalf of AXA Equitable, or to waive or alter any of AXA Equitable's rights and regulations. AXA Equitable must agree to any change made to the Certificate/Contract and benefits applied for, or to the age at issue, in writing.
- Charges under the Certificate/Contract generally apply for the duration of the Certificate/Contract.

OPTIONAL BENEFIT DISCLOSURE. I/WE UNDERSTAND AND ACKNOWLEDGE THAT:

- No optional benefits are elected unless I checked the appropriate boxes in Section 6. Some elections may not be changed after the Certificate/Contract has been issued to me.
- There are additional charges for an optional benefit elected in Section 6.
- Withdrawals under the Certificate/Contract may reduce my Benefit Base.
- The crediting rate used for the GMIB and GMDDB benefit base (if elected) does not represent a guarantee of my Account Value or Cash Value, and if I exercise GMIB, the benefit base will be in the form of lifetime periodic payments only.
- Depending on my/our age, a GMIB, PGB and GMDDB elected in Section 6 may be of limited usefulness because federal income tax lifetime required minimum distributions begins after age 70½ and such distributions that are withdrawn from the Certificate/Contract may significantly reduce the benefit.
- The annual reset when elected in conjunction with the GMIB may result in: a new 10-year waiting period to exercise the GMIB, which may be started beginning on each Contract Date Anniversary that the Roll Up Benefit Base is reset; the charge for the "greater of" GMDDB and the GMIB may increase depending on the terms of my Certificate/Contract as of the Contract Date Anniversary following each reset. If my Annuity Account Value does not exceed my GMIB Rollup to age 85 benefit base on any Contract Anniversary, no reset will occur. To cancel my reset request I must submit a signed and completed reset cancellation request. Any such request must be received at AXA Equitable's processing office at least 30 days prior to the Contract Date Anniversary to which the cancellation applies. Requests received after this window will apply the following year. I am not able to cancel a reset once it has occurred. For jointly owned Certificates/Contracts, eligibility to reset the roll up benefit base is based on the age of the older owner. My GMIB benefit can no longer be exercised 30 days after the contract anniversary following my 85th birthday. There will be no further ratchets, roll ups or resets to my GMIB benefit base after that time.

I acknowledge that I have received the most current prospectus for Accumulator. After reviewing my financial information and goals with my Financial Professional, I believe that this Certificate/Contract will meet my financial goals.

Consent for Delivery of Initial Prospectus on CD-ROM:

Yes. By checking this box and signing the enrollment form/application below, I acknowledge that I received the initial prospectus on computer readable compact disk "CD", and I am able to access the CD information. In order to retain the prospectus indefinitely, I understand that I must print it. I also understand that I may request a prospectus in paper format at any time by calling Customer Service at 1-800-789-7771 and that all subsequent prospectus updates and supplements will be provided to me in paper format, unless I enroll in AXA Equitable's Electronic Delivery Service.

By checking this box, providing my e-mail address, and signing the enrollment form/application below, I am requesting that AXA Equitable send me further information about enrolling in AXA Equitable's electronic delivery so that I may receive all statements, confirms and prospectus mailings electronically.

When you sign this enrollment form/application, you are agreeing to the elections that you have made in this enrollment form/application and acknowledge that you understand the terms and conditions set forth in this enrollment form/application.

X _____
Proposed Owner's Signature Signed at: City, State Date

X _____
Proposed Annuitant's Signature (if other than Owner) Signed at: City, State Date

X _____
Proposed Joint Owner's Signature (if other than Annuitant) Signed at: City, State Date

X _____
Proposed Joint Annuitant's Signature (if other than Owner) Signed at: City, State Date

14. Financial Professional Section

1. Does the Proposed Insured have any existing life insurance or annuity contracts? Yes No
2. Do you have reason to believe that any existing life insurance or annuity has been or will be surrendered, withdrawn from, loaned against, changed or otherwise reduced in value, or replaced in connection with this transaction assuming the Certificate/Contract applied for will be issued on the life of the Annuitant(s)/Owner(s)? Yes No
3. Did you verify the identity by reviewing the driver's license/passport of each Owner/Annuitant, inquire about the source of the customer's assets and income, and confirm that the Proposed Insured and Owner is not (nor family member of or associates with) a foreign military, government or political official? Yes No
4. Is the Proposed Insured currently an Active Duty* Member of the Armed Forces? Yes No

(If "Yes", you must also submit a complete and signed LIFE INSURANCE/ANNUITY DISCLOSURE TO ACTIVE DUTY MEMBERS OF THE ARMED FORCES.)

* "Active Duty" means full-time in the active military service of the United State and includes members of the reserve component (National Guard and Reserve) while serving under published orders for active duty or full-time training. The term does not include members of the reserve component who are performing active duty or active duty for training under military calls or orders specifying periods of less than 31 calendar days.

X

Primary Financial Professional Signature	Social Security Number	Agent Code
Print Name	%	() - Phone Number
Client Account Number	Email Address	Agent Location

X

Financial Professional Signature	Social Security Number	Agent Code
Print Name	%	() - Phone Number

X

Financial Professional Signature	Social Security Number	Agent Code
Print Name	%	() - Phone Number

X

Financial Professional Signature	Social Security Number	Agent Code
Print Name	%	() - Phone Number

Financial Professional Use Only. Contact your home office for program information. Option I Option II (Once selected, program cannot be changed.)



AXA EQUITABLE

AXA Equitable Life Insurance Company

Enrollment Form/Application

Accumulator® SelectSM

AXA Advisors, LLC

Combination fixed and variable deferred annuity

Enrollment Form under Group Annuity Contract No. 2006GAC and Application for Individual Contract

Please make checks payable to: AXA Equitable

First-Class Mail: AXA Equitable, Accumulator, P.O. Box 1577, Secaucus, NJ 07096-1577

Express Mail: AXA Equitable, Accumulator, 500 Plaza Drive, 6th Floor, Secaucus, NJ 07094-3619

For assistance, please call 800-338-3434

www.AXAonline.com

1. Contract Specifics

A. Type of Contract (Please choose one.)

Non-Qualified (NQ)

Rollover IRA

Roth Conversion IRA

ERISA Rollover TSA or Non-ERISA Rollover TSA

Inherited IRA BCO (Direct Transfer of Decedent IRA)¹

Inherited Roth IRA BCO (Direct Transfer of Decedent Roth IRA)¹

Non-spousal QP Direct Rollover to an Inherited IRA BCO

¹. GMB, PGB and Special Money Market DCA are not available.

B. Total Initial Contribution(s): \$ _____

Specify Method(s) of Payment:

Check or Wire

1035 Exchange (from Single Owner Contract, NQ only)

1035 Exchange (from Joint Owner Contract, NQ only)

CD or Mutual Fund Proceeds (NQ only)

Direct Transfer (IRA, Roth or Rollover TSA)

Rollover (IRA, Roth or Rollover TSA)

Direct Rollover (Non-Spousal QP IRA only)

Direct Transfer from another carrier (Rollover TSA only)

2. Account Registration (Please print)

A. Owner (Must be legal resident of US.)

Individual Trust UGMA/UTMA (State _____ Child's SSN _____)

Other Non-Natural Owner Beneficiary of Deceased IRA Owner

Male Female **Date of Birth (mm/dd/yyyy)** _____ **Daytime Phone #** _____

Name (First) (Middle Initial) (Last) _____ Taxpayer Identification Number (Please check one.) SSN EIN ITIN

U.S.A. Primary Residential Address only — No P.O. Box Permitted _____ City _____ State _____ ZIP Code _____

If your Mailing Address is different from the Primary Residential Address above, please provide your Mailing Address in Section 5.

Email Address _____

B. Joint Owner (Must be legal resident of US.)

• The individual designated below is the Joint Owner.

Male Female **Date of Birth (mm/dd/yyyy)** _____

Name (First) (Middle Initial) (Last) _____ Taxpayer Identification Number (Please check one.) SSN ITIN

U.S.A. Primary Residential Address only — No P.O. Box Permitted _____ City _____ State _____ ZIP Code _____

Email Address _____

C. Annuitant (If other than Owner.)

Male Female **Date of Birth (mm/dd/yyyy)** _____

Name (First) (Middle Initial) (Last) _____ Taxpayer Identification Number (Please check one.) SSN ITIN

U.S.A. Primary Residential Address only — No P.O. Box Permitted _____ City _____ State _____ ZIP Code _____

D. Joint Annuitant

• For NQ 1035 Exchange Certificates/Contracts that are Joint Annuitants who are spouses.

Male Female **Date of Birth (mm/dd/yyyy)** _____

Name (First) (Middle Initial) (Last) _____ Taxpayer Identification Number (Please check one.) SSN ITIN

U.S.A. Primary Residential Address only — No P.O. Box Permitted _____ City _____ State _____ ZIP Code _____

3. Patriot Act Information

- 1. Are you a US Citizen? (If "Yes" proceed to question 3.) Yes No
- 2. If you are not a US citizen do you hold a valid US visa, which under the US Patriot Act, permits you to purchase this annuity? Yes No

US Visa Category (The following categories are NOT permitted: B, C, D, F, J, M, Q, TWOV.) _____

3. Your Occupation _____ 4. Your Employer _____

Owner Form of Identification (Please check one.) Valid Driver's License Passport State Issued ID

Identification Number _____ Exp. Date _____

Joint Owner Form of Identification (Please check one.) Valid Driver's License Passport State Issued ID

Identification Number _____ Exp. Date _____

4. Beneficiary(ies) (Please use Special Instructions for Additional Beneficiaries.)

A. Primary

- 1. _____ %
Primary Beneficiary Name _____
Relationship to Owner _____
- 2. _____ %
Primary Beneficiary Name _____
Relationship to Owner _____
- 3. _____ %
Primary Beneficiary Name _____
Relationship to Owner _____

B. Contingent

- 1. _____ %
Contingent Beneficiary Name _____
- 2. _____ %
Contingent Beneficiary Name _____
- 3. _____ %
Contingent Beneficiary Name _____

5. Special Instructions

Attach a separate sheet if additional space is needed. For Owners whose Mailing Address differs from their Primary Residential Address in Section 2, please complete the following:

Mailing Address — P.O. Box accepted _____ City _____ State _____ Zip Code _____

6. Optional Benefit Elections

These optional riders are purchased for an additional charge. You should read the prospectus, disclosure on page 8 and applicable supplements for more complete information including the limitations, restrictions, charges and other information that applies to these features before making a selection.

A. Guaranteed Minimum Income Benefit (GMIB)

STOP Guaranteed Minimum Income Benefit (GMIB) and Guaranteed Minimum Death Benefit (GMDB) elections are made in this section.

- GMIB is declined unless "Yes" is checked below.
- If you elect GMIB, you may not elect PGB.
- Owner issue ages [20-75]

Choose One:

1. [6%] GMIB with Annual Reset

- Yes, I wish to elect [6%] GMIB and Greater of [6%] Roll Up to age [85] or Annual Ratchet to age [85] GMDB
- Yes, I wish to elect [6%] GMIB and Annual Ratchet to age [85] GMDB
- Yes, I wish to elect [6%] GMIB and Standard GMDB

Annual Reset Election — Optional

- Automatic Reset Program** Reset my Roll Up Benefit Base(s) every year that I am eligible.
- Customized Reset Program** Reset my Roll Up Benefit Base(s) each year up to and including the contract anniversary date in the year _____ only. I understand that resets will only occur during this time period if I am eligible.

If you elected GMIB, skip to Section 6D for the opportunity to elect EEB, otherwise, proceed to Section 7.

B. Principal Guarantee Benefit (PGB)

STOP If you elected PGB, you must make a GMDB election in Section 6C.

- PGB is declined unless "Yes" is checked below.
- If you elect PGB, you may not elect GMIB.
- Yes, I wish to elect the **100% PGB**: Owner must allocate funds among the **Asset Allocation Investment Options, GIO and/or Special Money Market DCA.**
- Yes, I wish to elect the **125% PGB**: Owner must allocate funds among the **AXA Moderate Allocation Investment Option, GIO and/or Special Money Market DCA.**

C. Guaranteed Minimum Death Benefit (GMDB)

STOP If you elected GMIB do not complete this section.

- If you did not elect GMIB, this section is MANDATORY.
- For Owner issue ages [81-85], the Certificate/Contract will be issued with Standard GMDB.
- Standard — Owner issue ages [0-85]
- Annual Ratchet to age [85] — Owner issue ages [0-75]

D. Earnings Enhancement Benefit (EEB)

EEB is declined unless "Yes" is checked below.

- Yes, I wish to elect the EEB — Owner issue ages [0-75]

7. Dollar Cost Averaging (Optional)

Dollar Cost Averaging (DCA) options — You may choose either Special Money Market or General Dollar Cost Averaging.

- Your DCA option is elected below and if you are not allocating 100% of your initial contribution to a DCA option, the balance of your initial contribution is allocated among the Investment Selections in Section 8 Column A.
- Your DCA contribution will be transferred to the Investment Selections in Section 8 Column B according to the instructions below.

A. Special Money Market Dollar Cost Averaging (Special Money Market DCA) — Check box for one time period.

- 3-months
- 6-months
- 12-months

- The entire initial contribution is allocated to the EQ/Money Market option in Section 8 Column A.
- Amounts are transferred monthly over a 3, 6, or 12 month period as elected above to the Variable Investment Options you select in Section 8 Column B.
- You may not indicate a percentage for the EQ/Money Market option in Section 8 Column B.
- In Section 8, you must complete the DCA Allocation Column B for amounts to be transferred (Column B must total 100%).

B. General Dollar Cost Averaging (General DCA) You may choose only one of the options listed below.

1. **Guaranteed Interest Option (GIO*) — Interest Sweep Option**

- By selecting the box above (GIO – Interest Sweep Option), up to 25% of your contribution may be allocated to the GIO and the interest will sweep monthly to the funds selected.
- For your initial contribution, you must complete Contribution Allocation Column A (must total 100%) including an allocation to the GIO. The amount allocated to the GIO must be a minimum of \$7,500 but may not exceed 25% of your contribution.
- You must complete the DCA Allocation Column B for the amounts to be transferred (Column B must total 100%).
- **The maximum allocation to the GIO is 25% of your contribution.**

2. **Fixed Period Option** —

- Check one of the boxes below for the Investment Selection from which funds will be transferred monthly and specify the transfer period in the blank.

Choose one: **GIO*** ____ (months) or **EQ/Money Market*** ____ (months)

- If selecting the GIO box above, up to 25% of your contribution may be allocated to the GIO in Column A which will then DCA to the funds selected in Column B.
- If selecting the EQ/Money Market box above, up to 100% of your contribution may be allocated to the EQ/Money Market in Column A which will then DCA to the funds selected in Column B.
- For your initial contribution, you must complete Contribution Allocation Column A (must total 100%) including a minimum allocation of \$5,000 to either the GIO or the EQ/Money Market. The amount allocated to GIO may not exceed 25% of your contribution.
- You must complete the DCA Allocation Column B for the amounts to be transferred (Column B must total 100%).
- **The maximum allocation to the GIO is 25% of your contribution.**

* Contributions allocated to this Investment Option will cause the Rollup portion of your GMIB/GMDB benefit base to grow at 3% (if elected).

8. Investment Selection

Contribution Allocation — You must allocate your initial contribution among Fixed Account and/or VIOs below using the Contribution Allocation column A, which must total 100%. All future Contributions will be allocated according to the percentages below unless instructed otherwise by you.

DCA Allocation — See instructions in Section 7.

* Contributions allocated to this Investment Option will cause the Rollup portion of your GMIB/GMDB benefit base to grow at 3% (if elected).

A. Contribution Allocation % (Required)	B. DCA Allocation % (Optional)
Fixed Account — Percentages must be whole numbers	
_____ % Guaranteed Interest Option (GIO)*	_____ N/A %
<i>The maximum allocation to GIO is 25% of your Contribution.</i>	
Variable Investment Options — Percentages must be whole numbers	
Asset Allocation	
AXA Allocation Portfolios	
_____ % AXA Conservative Allocation	_____ %
_____ % AXA Conservative-Plus Allocation	_____ %
_____ % AXA Moderate Allocation	_____ %
_____ % AXA Moderate-Plus Allocation	_____ %
_____ % AXA Aggressive Allocation ¹	_____ %
Other Asset Allocation	
_____ % EQ/FranklinTempleton Founding Strategy ¹	_____ %
Large Cap (Growth)	
_____ % EQ/Capital Guardian Growth	_____ %
_____ % EQ/Capital Guardian Research	_____ %
_____ % EQ/Evergreen Omega	_____ %
_____ % EQ/Large Cap Growth PLUS	_____ %
_____ % EQ/Marsico Focus	_____ %
_____ % EQ/T. Rowe Price Growth Stock	_____ %
_____ % Multimanager Large Cap Growth	_____ %
Large Cap (Blend)	
_____ % EQ/AllianceBernstein Common Stock	_____ %
_____ % EQ/Davis New York Venture	_____ %
_____ % EQ/Equity 500 Index	_____ %
_____ % EQ/JPMorgan Value Opportunities	_____ %
_____ % EQ/Large Cap Core PLUS	_____ %
_____ % EQ/Large Cap Value Index ²	_____ %
_____ % EQ/Lord Abbett Large Cap Core	_____ %
_____ % EQ/Oppenheimer Main Street Opportunity	_____ %
_____ % EQ/UBS Growth and Income	_____ %
_____ % Multimanager Large Cap Core Equity	_____ %
Large Cap (Value)	
_____ % EQ/BlackRock Basic Value Equity	_____ %
_____ % EQ/Boston Advisors Equity Income	_____ %
_____ % EQ/Lord Abbett Growth and Income	_____ %
_____ % EQ/Mutual Shares	_____ %
_____ % EQ/Van Kampen Comstock	_____ %
_____ % Multimanager Large Cap Value	_____ %

A. Contribution Allocation % (Required)	B. DCA Allocation % (Optional)
Mid Cap (Growth)	
_____ % EQ/AllianceBernstein Small Cap Growth	_____ %
_____ % EQ/Mid Cap Index ³	_____ %
_____ % EQ/Van Kampen Mid Cap Growth	_____ %
_____ % Multimanager Mid Cap Growth	_____ %
Mid Cap (Blend)	
_____ % EQ/Mid Cap Value PLUS	_____ %
Mid Cap (Value)	
_____ % Multimanager Mid Cap Value	_____ %
Small Cap (Growth)	
_____ % Multimanager Small Cap Growth	_____ %
Small Cap (Blend)	
_____ % EQ/Oppenheimer Main Street Small Cap	_____ %
_____ % EQ/Small Company Index	_____ %
_____ % Multimanager Small Cap Value	_____ %
Small Cap (Value)	
_____ % EQ/Franklin Small Cap Value	_____ %
_____ % EQ/GAMCO Small Company Value	_____ %
International¹	
_____ % EQ/AllianceBernstein International	_____ %
_____ % EQ/BlackRock International Value	_____ %
_____ % EQ/International Core PLUS	_____ %
_____ % EQ/International Growth	_____ %
_____ % Multimanager International Equity	_____ %
Diversified Emerging Markets	
_____ % EQ/Van Kampen Emerging Markets Equity	_____ %
World Stock	
_____ % EQ/Oppenheimer Global	_____ %
_____ % EQ/Templeton Growth	_____ %
World Bond	
_____ % EQ/Evergreen International Bond	_____ %
Specialty	
_____ % EQ/Franklin Income ¹	_____ %
_____ % EQ/GAMCO Mergers and Acquisitions ¹	_____ %
_____ % EQ/Van Kampen Real Estate	_____ %
_____ % Multimanager Health Care	_____ %
_____ % Multimanager Technology	_____ %

(Continues on next page)

Percentages must be whole numbers — (Continued from previous page)

A. Contribution Allocation % (Required)	B. DCA Allocation % (Optional)	A. Contribution Allocation % (Required)	B. DCA Allocation % (Optional)
<input type="checkbox"/> Fixed Income ¹		<input type="checkbox"/> Money Market	
<input type="checkbox"/> EQ/AllianceBernstein Intermediate	<input type="checkbox"/> _____ %	<input type="checkbox"/> EQ/Money Market*	<input type="checkbox"/> _____ %
<input type="checkbox"/> Government Securities	<input type="checkbox"/> _____ %		
<input type="checkbox"/> EQ/JPMorgan Core Bond	<input type="checkbox"/> _____ %		
<input type="checkbox"/> EQ/Long Term Bond	<input type="checkbox"/> _____ %		
<input type="checkbox"/> EQ/PIMCO Real Return	<input type="checkbox"/> _____ %		
<input type="checkbox"/> EQ/Short Duration Bond	<input type="checkbox"/> _____ %		
<input type="checkbox"/> Multimanager Core Bond	<input type="checkbox"/> _____ %		
<input type="checkbox"/> Multimanager High Yield	<input type="checkbox"/> _____ %		

Column(s) A: _____ % Contribution Allocation Total

Column(s) B: _____ % DCA Allocation Total

STOP Please confirm Column A and Column B (if elected) EACH total 100%.

- **Note:** If you elected 100% PGB you may only allocate among "GIO" and/or the "Asset Allocation" investment options.
- If you elected 125% PGB you may only allocate among "GIO" and/or the "AXA Moderate Allocation" investment option.

¹ Classification/grouping based on AXA Equitable's classification.

² Will be known as EQ/Legg Mason Value Equity until on or about December 1, 2008.

³ Will be known as EQ/FI Mid Cap until on or about December 1, 2008.

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9. Fund Rebalancing (Optional)

You may **not** elect Rebalancing if you allocate 100% of your contribution to only one investment option; we **cannot** rebalance one option. **Additional Variable Investment Option (VIO) and GIO transfers you make will not modify or cancel the scheduled rebalancing.**

Option 1: VIO only. This option only rebalances funds allocated to VIOs. You may **not** elect this Rebalancing option if you elect the Special Money Market DCA or the General DCA Fixed Period Option from the EQ/Money Market.

Quarterly Semi-Annually or Annually

Option 2: VIO and GIO. You may **not** elect this Rebalancing option if you elect **any** DCA.

Quarterly Semi-Annually or Annually

The Rebalancing Program will use the Contribution Allocations provided in Section 8 Column A. Any changes to this program must be in writing. Rebalancing will be on the same day of the month as the Contract Date.

10. Current Insurance

1. Do you have any other existing life insurance or annuities?

Yes No

2. Will any existing life insurance or annuity be (or has it been) surrendered, withdrawn from, loaned against, changed or otherwise reduced in value, or replaced in connection with this transaction assuming the Certificate/Contract applied for will be issued?

Yes No

If Yes, complete the following:

Company	Type of Plan	Year Issued	Certificate/Contract Number

11. Contract State

The Contract State is your state of primary residence (Owner's primary residential address from Section 2) unless you sign the application in a different state. **If you are signing this application in a state other than your state of primary residence, check one box below:**

I have a second residence in the state of sale.

I work or conduct business in the state of sale.

If none of the above apply the application must be signed in your state of Primary Residence, unless we approve another state.

12. Fraud Warnings

Arkansas/New Mexico: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

• **Colorado/District of Columbia/Kentucky/Louisiana/Maine/Tennessee:** It is a crime to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages.

• **Oklahoma:** Any person who knowingly and with intent to injure, defraud or deceive an insurer, files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony.

• **Ohio:** Any person, who with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an enrollment form/application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

• **All other states (except Virginia):** Any person who knowingly and with intent to defraud any insurance company files an enrollment form/application or statement of claim containing any materially false, misleading or incomplete information may be guilty of a crime which may be punishable under state or Federal law.

13. Signature and Acknowledgements

GENERAL DISCLOSURE. I/WE UNDERSTAND AND ACKNOWLEDGE THAT:

- Account value(s) attributable to allocations to the variable investment options, and any variable annuity benefit payments I may elect, may increase or decrease and are not guaranteed as to dollar amount.
- In the case of IRAs, Qualified Plans and TSAs that provide tax deferral under the Internal Revenue Code, by signing this enrollment form/application I acknowledge that I am buying the Certificate/Contract for its features and benefits other than tax deferral, as the tax deferral feature of the Certificate/Contract does not provide additional benefits.
- Under penalty of perjury, I certify that the Tax Identification Number in Section 2 is correct.
- All information and statements furnished in this enrollment form/application are true and complete to the best of my knowledge and belief.
- AXA Equitable may accept amendments to this enrollment form/application provided by me or under my authority.
- No financial professional has the authority to make or modify any Certificate/Contract on behalf of AXA Equitable, or to waive or alter any of AXA Equitable's rights and regulations. AXA Equitable must agree to any change made to the Certificate/Contract and benefits applied for, or to the age at issue, in writing.
- Charges under the Certificate/Contract generally apply for the duration of the Certificate/Contract.

OPTIONAL BENEFIT DISCLOSURE. I/WE UNDERSTAND AND ACKNOWLEDGE THAT:

- No optional benefits are elected unless I checked the appropriate boxes in Section 6. Some elections may not be changed after the Certificate/Contract has been issued to me.
- There are additional charges for an optional benefit elected in Section 6.
- Withdrawals under the Certificate/Contract may reduce my Benefit Base.
- The crediting rate used for the GMIB and GMDDB benefit base (if elected) does not represent a guarantee of my Account Value or Cash Value, and if I exercise GMIB, the benefit base will be in the form of lifetime periodic payments only.
- Depending on my/our age, a GMIB, PGB and GDMDB elected in Section 6 may be of limited usefulness because federal income tax lifetime required minimum distributions begins after age 70½ and such distributions that are withdrawn from the Certificate/Contract may significantly reduce the benefit.
- The annual reset when elected in conjunction with the GMIB may result in: a new 10-year waiting period to exercise the GMIB, which may be started beginning on each Contract Date Anniversary that the Roll Up Benefit Base is reset; the charge for the "greater of" GMDDB and the GMIB may increase depending on the terms of my Certificate/Contract as of the Contract Date Anniversary following each reset. If my Annuity Account Value does not exceed my GMIB Rollup to age 85 benefit base on any Contract Anniversary, no reset will occur. To cancel my reset request I must submit a signed and completed reset cancellation request. Any such request must be received at AXA Equitable's processing office at least 30 days prior to the Contract Date Anniversary to which the cancellation applies. Requests received after this window will apply the following year. I am not able to cancel a reset once it has occurred. For jointly owned Certificates/Contracts, eligibility to reset the roll up benefit base is based on the age of the older owner. My GMIB benefit can no longer be exercised 30 days after the contract anniversary following my 85th birthday. There will be no further ratchets, roll ups or resets to my GMIB benefit base after that time.

I acknowledge that I have received the most current prospectus for Accumulator Select. After reviewing my financial information and goals with my Financial Professional, I believe that this Certificate/Contract will meet my financial goals.

Consent for Delivery of Initial Prospectus on CD-ROM:

Yes. By checking this box and signing the enrollment form/application below, I acknowledge that I received the initial prospectus on computer readable compact disk "CD", and I am able to access the CD information. In order to retain the prospectus indefinitely, I understand that I must print it. I also understand that I may request a prospectus in paper format at any time by calling Customer Service at 1-800-789-7771, and that all subsequent prospectus updates and supplements will be provided to me in paper format, unless I enroll in AXA Equitable's Electronic Delivery Service.

By checking this box, providing my e-mail address, and signing the enrollment form/application below, I am requesting that AXA Equitable send me further information about enrolling in AXA Equitable's electronic delivery so that I may receive all statements, confirms and prospectus mailings electronically.

When you sign this enrollment form/application, you are agreeing to the elections that you have made in this enrollment form/application and acknowledge that you understand the terms and conditions set forth in this enrollment form/application.

X _____
Proposed Owner's Signature Signed at: City, State Date

X _____
Proposed Annuitant's Signature (if other than Owner) Signed at: City, State Date

X _____
Proposed Joint Owner's Signature (if other than Annuitant) Signed at: City, State Date

X _____
Proposed Joint Annuitant's Signature (if other than Owner) Signed at: City, State Date

14. Financial Professional Section

- 1. Does the Proposed Insured have any existing life insurance or annuity contracts? Yes No
- 2. Do you have reason to believe that any existing life insurance or annuity has been or will be surrendered, withdrawn from, loaned against, changed or otherwise reduced in value, or replaced in connection with this transaction assuming the Certificate/Contract applied for will be issued on the life of the Annuitant(s)/Owner(s)? Yes No
- 3. Did you verify the identity by reviewing the driver's license/passport of each Owner/Annuitant, inquire about the source of the customer's assets and income, and confirm that the Proposed Insured and Owner is not (nor family member of or associates with) a foreign military, government or political official? Yes No
- 4. Is the Proposed Insured currently an Active Duty* Member of the Armed Forces? Yes No

(If "Yes", you must also submit a complete and signed LIFE INSURANCE/ANNUITY DISCLOSURE TO ACTIVE DUTY MEMBERS OF THE ARMED FORCES.)

* "Active Duty" means full-time in the active military service of the United State and includes members of the reserve component (National Guard and Reserve) while serving under published orders for active duty or full-time training. The term does not include members of the reserve component who are performing active duty or active duty for training under military calls or orders specifying periods of less than 31 calendar days.

X

Primary Financial Professional Signature	Social Security Number	Agent Code
_____	_____	_____
Print Name		% () - Phone Number
_____		_____
Client Account Number	Email Address	Agent Location
_____	_____	_____

X

Financial Professional Signature	Social Security Number	Agent Code
_____	_____	_____
Print Name		% () - Phone Number
_____		_____

X

Financial Professional Signature	Social Security Number	Agent Code
_____	_____	_____
Print Name		% () - Phone Number
_____		_____

X

Financial Professional Signature	Social Security Number	Agent Code
_____	_____	_____
Print Name		% () - Phone Number
_____		_____



AXA Equitable Life Insurance Company

Combination fixed and variable deferred annuity

Enrollment Form under Group Annuity Contract No. 2006GAC and Application for Individual Contract

Please make checks payable to: AXA Equitable

First-Class Mail: AXA Equitable, Accumulator, P.O. Box 1577, Secaucus, NJ 07096-1577

Express Mail: AXA Equitable, Accumulator, 500 Plaza Drive, 6th Floor, Secaucus, NJ 07094-3619

For assistance, please call 800-338-3434

www.AXAonline.com

1. Contract Specifics

A. Type of Contract (Please choose one.)

- Non-Qualified (NQ)
- Rollover IRA
- Roth Conversion IRA
- ERISA Rollover TSA or Non-ERISA Rollover TSA
- Qualified Plan Defined Contribution (DC)¹
- Qualified Plan Defined Benefit (DB)¹
- Inherited IRA BCO (Direct Transfer of Decedent IRA)²
- Inherited Roth IRA BCO (Direct Transfer of Decedent Roth IRA)²
- Non-spousal QP Direct Rollover to an Inherited IRA BCO²

¹ EEB is not available. ² GMIB, PGB and Special DCA are not available.

B. Total Initial Contribution(s): \$ _____

Specify Method(s) of Payment:

- Check or Wire
- 1035 Exchange (from Single Owner Contract, NQ only)
- 1035 Exchange (from Joint Owner Contract, NQ only)
- CD or Mutual Fund Proceeds (NQ only)
- Direct Transfer (IRA, Roth or Rollover TSA)
- Rollover (IRA, Roth or Rollover TSA)
- Direct Rollover (Non-Spousal QP to Inherited IRA only)
- Direct Transfer from another carrier (Rollover TSA only)

2. Account Registration (Please print)

A. Owner (Must be legal resident of US.)

- Individual Trust Qualified Plan Trust (DC/DB) UGMA/UTMA (State _____ Child's SSN _____)
- Other Non-Natural Owner Beneficiary of Deceased IRA Owner
- Male Female **Date of Birth (mm/dd/yyyy)** _____ **Daytime Phone #** _____

Name (First) (Middle Initial) (Last) _____ Taxpayer Identification Number (Please check one.) SSN EIN ITIN

U.S.A. Primary Residential Address only — No P.O. Box Permitted _____ City _____ State _____ ZIP Code _____

If your Mailing Address is different from the Primary Residential Address above, please provide your Mailing Address in Section 5.

Email Address _____

B. Joint Owner (Must be legal resident of US.)

• The individual designated below is the Joint Owner.

- Male Female **Date of Birth (mm/dd/yyyy)** _____

Name (First) (Middle Initial) (Last) _____ Taxpayer Identification Number (Please check one.) SSN ITIN

U.S.A. Primary Residential Address only — No P.O. Box Permitted _____ City _____ State _____ ZIP Code _____

Email Address _____

C. Annuitant (If other than Owner.)

Male Female **Date of Birth (mm/dd/yyyy)** _____

Name (First) (Middle Initial) (Last) _____ Taxpayer Identification Number (Please check one.) SSN ITIN

U.S.A. Primary Residential Address only — No P.O. Box Permitted _____ City _____ State _____ ZIP Code _____

D. Joint Annuitant

• For NQ 1035 Exchange Certificates/Contracts that are Joint Annuitants who are spouses.

Male Female **Date of Birth (mm/dd/yyyy)** _____

Name (First) (Middle Initial) (Last) _____ Taxpayer Identification Number (Please check one.) SSN ITIN

U.S.A. Primary Residential Address only — No P.O. Box Permitted _____ City _____ State _____ ZIP Code _____

3. Patriot Act Information

1. Are you a US Citizen? (If "Yes" proceed to question 3.) Yes No

2. If you are not a US citizen do you hold a valid US visa, which under the US Patriot Act, permits you to purchase this annuity? Yes No

US Visa Category (The following categories are NOT permitted: B, C, D, F, J, M, Q, TWOV.) _____

3. Your Occupation _____ 4. Your Employer _____

Owner Form of Identification (Please check one.) Valid Driver's License Passport State Issued ID

Identification Number _____ Exp. Date _____

Joint Owner Form of Identification (Please check one.) Valid Driver's License Passport State Issued ID

Identification Number _____ Exp. Date _____

4. Beneficiary(ies) (Please use Special Instructions for Additional Beneficiaries.)

A. Primary

1. _____ %
Primary Beneficiary Name

Relationship to Owner _____

2. _____ %
Primary Beneficiary Name

Relationship to Owner _____

3. _____ %
Primary Beneficiary Name

Relationship to Owner _____

B. Contingent

1. _____ %
Contingent Beneficiary Name

2. _____ %
Contingent Beneficiary Name

3. _____ %
Contingent Beneficiary Name

5. Special Instructions

Attach a separate sheet if additional space is needed. For Owners whose Mailing Address differs from their Primary Residential Address in Section 2, please complete the following:

Mailing Address — P.O. Box accepted _____ City _____ State _____ Zip Code _____

6. Optional Benefit Elections

These optional riders are purchased for an additional charge. You should read the prospectus, disclosure on page 8 and applicable supplements for more complete information including the limitations, restrictions, charges and other information that applies to these features before making a selection.

A. Guaranteed Minimum Income Benefit (GMIB)

STOP Guaranteed Minimum Income Benefit (GMIB) and Guaranteed Minimum Death Benefit (GMDB) elections are made in this section.

- GMIB is declined unless "Yes" is checked below.
- If you elect GMIB, you may not elect PGB.
- Owner issue ages [20-75]

Choose One:

1. [6%] GMIB with Annual Reset

- Yes, I wish to elect [6%] GMIB and Greater of [6%] Roll Up to age [85] or Annual Ratchet to age [85] GMDB
- Yes, I wish to elect [6%] GMIB and Annual Ratchet to age [85] GMDB
- Yes, I wish to elect [6%] GMIB and Standard GMDB

Annual Reset Election — Optional

- Automatic Reset Program** Reset my Roll Up Benefit Base(s) every year that I am eligible.
- Customized Reset Program** Reset my Roll Up Benefit Base(s) each year up to and including the contract anniversary date in the year _____ only. I understand that resets will only occur during this time period if I am eligible.

If you elected GMIB, skip to Section 6D for the opportunity to elect EEB, otherwise, proceed to Section 7.

B. Principal Guarantee Benefit (PGB)

STOP If you elected PGB, you must make a GMDB election in Section 6C.

- PGB is declined unless "Yes" is checked below.
- If you elect PGB, you may not elect GMIB.
- Yes, I wish to elect the **100% PGB**: Owner must allocate funds among the **Asset Allocation Investment Options, GIO and/or Special DCA**.
- Yes, I wish to elect the **125% PGB**: Owner must allocate funds among the **AXA Moderate Allocation Investment Option, GIO and/or Special DCA**.

C. Guaranteed Minimum Death Benefit (GMDB)

STOP If you elected GMIB do not complete this section.

- If you did not elect GMIB, this section is MANDATORY.
- For Owner issue ages [81-85] the Certificate/Contract will be issued with Standard GMDB.
- Standard — Owner issue ages [6-85]
- Annual Ratchet to age [85] — Owner issue ages [0-75]

D. Earnings Enhancement Benefit (EEB)

EEB is declined unless "Yes" is checked below.

- Yes, I wish to elect the EEB — Owner issue ages [0-75]

7. Dollar Cost Averaging (Optional)

Dollar Cost Averaging (DCA) options — You may choose either Special or General Dollar Cost Averaging.

- Your DCA option is elected below and if you are not allocating 100% of your initial contribution to a DCA option, the balance of your initial contribution is allocated among the Investment Selections in Section 8 Column A.
- Your DCA contribution will be transferred to the Investment Selections in Section 8 Column B according to the instructions below.

A. Special Dollar Cost Averaging (Special DCA) — Check box for one time period and specify an allocation percentage or dollar amount.

• **Note:** Not available with Inherited IRA/Roth IRA.

3-months: **100% Allocation** or ____% or \$ _____

6-months: **100% Allocation** or ____% or \$ _____

12-months: **100% Allocation** or ____% or \$ _____

- In Section 8, you must complete the DCA Allocation Column B for amounts to be transferred (Column B must total 100%).
- If allocating 100% of your initial contribution to Special DCA above your requirement to complete Column A is fulfilled.
- If only allocating a portion of your initial contribution to Special DCA above, you must ALSO complete the initial Contribution Allocation Column A for the remaining amount of your initial contribution (Column A must total 100%).

B. General Dollar Cost Averaging (General DCA) You may choose only one of the options listed below.

1. **Guaranteed Interest Option (GIO*) — Interest Sweep Option**

- By selecting the box above (GIO – Interest Sweep Option), up to 25% of your contribution may be allocated to the GIO and the interest will sweep monthly to the funds selected.
- For your initial contribution, you must complete Contribution Allocation Column A (must total 100%) including an allocation to the GIO. The amount allocated to the GIO must be a minimum of \$7,500 but may not exceed 25% of your contribution.
- You must complete the DCA Allocation Column B for the amounts to be transferred (Column B must total 100%).
- **The maximum allocation to the GIO is 25% of your contribution.**

2. **Fixed Period Option** —

- Check one of the boxes below for the Investment Selection from which funds will be transferred monthly and specify the transfer period in the blank.

Choose one: **GIO*** ____ (months) or **EQ/Money Market*** ____ (months)

- If selecting the GIO box above, up to 25% of your contribution may be allocated to the GIO in Column A which will then DCA to the funds selected in Column B.
- If selecting the EQ/Money Market box above, up to 100% of your contribution may be allocated to the EQ/Money Market in Column A which will then DCA to the funds selected in Column B.
- For your initial contribution, you must complete Contribution Allocation Column A (must total 100%) including a minimum allocation of \$5,000 to either the GIO or the EQ/Money Market. The amount allocated to GIO may not exceed 25% of your contribution.
- You must complete the DCA Allocation Column B for the amounts to be transferred (Column B must total 100%).
- **The maximum allocation to the GIO is 25% of your contribution.**

* Contributions allocated to this Investment Option will cause the Rollup portion of your GMIB/GMDB benefit base to grow at 3% (if elected).

8. Investment Selection

Contribution Allocation — You must allocate your initial contribution among Fixed Account and/or VIOs below using the Contribution Allocation column A, which must total 100%. All future Contributions will be allocated according to the percentages below unless instructed otherwise by you.

DCA Allocation — See instructions in Section 7.

* Contributions allocated to this Investment Option will cause the Rollup portion of your GMB/GMDB benefit base to grow at 3% (if elected).

A. Contribution Allocation % (Required)	B. DCA Allocation % (Optional)
Fixed Account — Percentages must be whole numbers	
_____ % Guaranteed Interest Option (GIO)*	_____ N/A %
<i>The maximum allocation to GIO is 25% of your contribution.</i>	
Variable Investment Options — Percentages must be whole numbers	
Asset Allocation	
AXA Allocation Portfolios	
_____ % AXA Conservative Allocation	_____ %
_____ % AXA Conservative-Plus Allocation	_____ %
_____ % AXA Moderate Allocation	_____ %
_____ % AXA Moderate-Plus Allocation	_____ %
_____ % AXA Aggressive Allocation ¹	_____ %
Other Asset Allocation	
_____ % EQ/Franklin Templeton Founding Strategy ¹	_____ %
Large Cap (Growth)	
_____ % EQ/Capital Guardian Growth	_____ %
_____ % EQ/Capital Guardian Research	_____ %
_____ % EQ/Evergreen Omega	_____ %
_____ % EQ/Large Cap Growth PLUS	_____ %
_____ % EQ/Marsico Focus	_____ %
_____ % EQ/T. Rowe Price Growth Stock	_____ %
_____ % Multimanager Large Cap Growth	_____ %
Large Cap (Blend)	
_____ % EQ/AllianceBernstein Common Stock	_____ %
_____ % EQ/Davis New York Venture	_____ %
_____ % EQ/Equity 500 Index	_____ %
_____ % EQ/JPMorgan Value Opportunities	_____ %
_____ % EQ/Large Cap Core PLUS	_____ %
_____ % EQ/Large Cap Value Index ²	_____ %
_____ % EQ/Lord Abnett Large Cap Core	_____ %
_____ % EQ/Oppenheimer Main Street Opportunity	_____ %
_____ % EQ/UBS Growth and Income	_____ %
_____ % Multimanager Large Cap Core Equity	_____ %
Large Cap (Value)	
_____ % EQ/BlackRock Basic Value Equity	_____ %
_____ % EQ/Boston Advisors Equity Income	_____ %
_____ % EQ/Lord Abnett Growth and Income	_____ %
_____ % EQ/Mutual Shares	_____ %
_____ % EQ/Van Kampen Comstock	_____ %
_____ % Multimanager Large Cap Value	_____ %

A. Contribution Allocation % (Required)	B. DCA Allocation % (Optional)
Mid Cap (Growth)	
_____ % EQ/AllianceBernstein Small Cap Growth	_____ %
_____ % EQ/Mid Cap Index ³	_____ %
_____ % EQ/Van Kampen Mid Cap Growth	_____ %
_____ % Multimanager Mid Cap Growth	_____ %
Mid Cap (Blend)	
_____ % EQ/Mid Cap Value PLUS	_____ %
Mid Cap (Value)	
_____ % Multimanager Mid Cap Value	_____ %
Small Cap (Growth)	
_____ % Multimanager Small Cap Growth	_____ %
Small Cap (Blend)	
_____ % EQ/Oppenheimer Main Street Small Cap	_____ %
_____ % EQ/Small Company Index	_____ %
_____ % Multimanager Small Cap Value	_____ %
Small Cap (Value)	
_____ % EQ/Franklin Small Cap Value	_____ %
_____ % EQ/GAMCO Small Company Value	_____ %
International¹	
_____ % EQ/AllianceBernstein International	_____ %
_____ % EQ/BlackRock International Value	_____ %
_____ % EQ/International Core PLUS	_____ %
_____ % EQ/International Growth	_____ %
_____ % Multimanager International Equity	_____ %
Diversified Emerging Markets	
_____ % EQ/Van Kampen Emerging Markets Equity	_____ %
World Stock	
_____ % EQ/Oppenheimer Global	_____ %
_____ % EQ/Templeton Growth	_____ %
World Bond	
_____ % EQ/Evergreen International Bond	_____ %
Specialty	
_____ % EQ/Franklin Income ¹	_____ %
_____ % EQ/GAMCO Mergers and Acquisitions ¹	_____ %
_____ % EQ/Van Kampen Real Estate	_____ %
_____ % Multimanager Health Care	_____ %
_____ % Multimanager Technology	_____ %

(Continues on next page)

Percentages must be whole numbers — (Continued from previous page)

A. Contribution Allocation % (Required)	B. DCA Allocation % (Optional)	A. Contribution Allocation % (Required)	B. DCA Allocation % (Optional)
<input type="checkbox"/> Fixed Income ¹		<input type="checkbox"/> Money Market	
<input type="checkbox"/> EQ/AllianceBernstein Intermediate	<input type="checkbox"/>	<input type="checkbox"/> EQ/Money Market*	<input type="checkbox"/>
<input type="checkbox"/> Government Securities	<input type="checkbox"/>		
<input type="checkbox"/> EQ/JPMorgan Core Bond	<input type="checkbox"/>		
<input type="checkbox"/> EQ/Long Term Bond	<input type="checkbox"/>		
<input type="checkbox"/> EQ/PIMCO Real Return	<input type="checkbox"/>		
<input type="checkbox"/> EQ/Short Duration Bond	<input type="checkbox"/>		
<input type="checkbox"/> Multimanager Core Bond	<input type="checkbox"/>		
<input type="checkbox"/> Multimanager High Yield	<input type="checkbox"/>		

Column(s) A: _____% Contribution Allocation Total

Column(s) B: _____% DCA Allocation Total

 Please confirm Column A and Column B (if elected) EACH total 100%.

- **Note:** If you elected 100% PGB you may only allocate among "GIO" and/or the "Asset Allocation" investment options.
- If you elected 125% PGB you may only allocate among "GIO" and/or the "AXA Moderate Allocation" investment option.

¹ Classification/grouping based on AXA Equitable's classification.

² Will be known as EQ/Legg Mason Value Equity until on or about December 1, 2008.

³ Will be known as EQ/FI Mid Cap until on or about December 1, 2008.

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9. Fund Rebalancing (Optional)

You may **not** elect Rebalancing if you allocate 100% of your contribution to only one investment option; we **cannot** rebalance one option. **Additional Variable Investment Option (VIO) and GIO transfers you make will not modify or cancel the scheduled rebalancing.**

Option 1: VIO only. This option only rebalances funds allocated to VIOs. You may **not** elect this Rebalancing option if you elect General DCA Fixed Period Option from the EQ/Money Market.

Quarterly Semi-Annually or Annually

Option 2: VIO and GIO. You may **not** elect this Rebalancing option if you elect **any** DCA.

Quarterly Semi-Annually or Annually

The Rebalancing Program will use the Contribution Allocations provided in Section 8 Column A. Any changes to this program must be in writing. Rebalancing will be on the same day of the month as the Contract Date.

10. Current Insurance

1. Do you have any other existing life insurance or annuities?

Yes No

2. Will any existing life insurance or annuity be (or has it been) surrendered, withdrawn from, loaned against, changed or otherwise reduced in value, or replaced in connection with this transaction assuming the Certificate/Contract applied for will be issued?

Yes No

If **Yes**, complete the following:

Company	Type of Plan	Year Issued	Certificate/Contract Number
_____ Company	_____ Type of Plan	_____ Year Issued	_____ Certificate/Contract Number
_____ Company	_____ Type of Plan	_____ Year Issued	_____ Certificate/Contract Number

11. Contract State

The Contract State is your state of primary residence (Owner's primary residential address from Section 2) unless you sign the application in a different state. **If you are signing this application in a state other than your state of primary residence, check one box below:**

I have a second residence in the state of sale.

I work or conduct business in the state of sale.

If none of the above apply the application must be signed in your state of Primary Residence, unless we approve another state.

12. Fraud Warnings

Arkansas/New Mexico: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

• **Colorado/District of Columbia/Kentucky/Louisiana/Maine/Tennessee:** It is a crime to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages.

• **Oklahoma:** Any person who knowingly and with intent to injure, defraud or deceive an insurer, files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony.

• **Ohio:** Any person, who with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an enrollment form/application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

• **All other states (except Virginia):** Any person who knowingly and with intent to defraud any insurance company files an enrollment form/application or statement of claim containing any materially false, misleading or incomplete information may be guilty of a crime which may be punishable under state or Federal law.

13. Signature and Acknowledgements

GENERAL DISCLOSURE. I/WE UNDERSTAND AND ACKNOWLEDGE THAT:

- Account value(s) attributable to allocations to the variable investment options, and any variable annuity benefit payments I may elect, may increase or decrease and are not guaranteed as to dollar amount.
- In the case of IRAs, Qualified Plans and TSAs that provide tax deferral under the Internal Revenue Code, by signing this enrollment form/application I acknowledge that I am buying the Certificate/Contract for its features and benefits other than tax deferral, as the tax deferral feature of the Certificate/Contract does not provide additional benefits.
- Under penalty of perjury, I certify that the Tax Identification Number in Section 2 is correct.
- All information and statements furnished in this enrollment form/application are true and complete to the best of my knowledge and belief.
- AXA Equitable may accept amendments to this enrollment form/application provided by me or under my authority.
- No financial professional has the authority to make or modify any Certificate/Contract on behalf of AXA Equitable, or to waive or alter any of AXA Equitable's rights and regulations. AXA Equitable must agree to any change made to the Certificate/Contract and benefits applied for, or to the age at issue, in writing.
- Charges under the Certificate/Contract generally apply for the duration of the Certificate/Contract.

OPTIONAL BENEFIT DISCLOSURE. I/WE UNDERSTAND AND ACKNOWLEDGE THAT:

- No optional benefits are elected unless I checked the appropriate boxes in Section 6. Some elections may not be changed after the Certificate/Contract has been issued to me.
- There are additional charges for an optional benefit elected in Section 6.
- Withdrawals under the Certificate/Contract may reduce my Benefit Base.
- The crediting rate used for the GMIB and GMDDB benefit base (if elected) does not represent a guarantee of my Account Value or Cash Value, and if I exercise GMIB, the benefit base will be in the form of lifetime periodic payments only.
- Depending on my/our age, a GMIB, PGB and GDMDB elected in Section 6 may be of limited usefulness because federal income tax lifetime required minimum distributions begins after age 70½ and such distributions that are withdrawn from the Certificate/Contract may significantly reduce the benefit.
- The annual reset when elected in conjunction with the GMIB may result in: a new 10-year waiting period to exercise the GMIB, which may be started beginning on each Contract Date Anniversary that the Roll Up Benefit Base is reset; the charge for the "greater of" GMDDB and the GMIB may increase depending on the terms of my Certificate/Contract as of the Contract Date Anniversary following each reset. If my Annuity Account Value does not exceed my GMIB Rollup to age 65 benefit base on any Contract Anniversary, no reset will occur. To cancel my reset request I must submit a signed and completed reset cancellation request. Any such request must be received at AXA Equitable's processing office at least 30 days prior to the Contract Date Anniversary to which the cancellation applies. Requests received after this window will apply the following year. I am not able to cancel a reset once it has occurred. For jointly owned Certificates/Contracts, eligibility to reset the roll up benefit base is based on the age of the older owner. My GMIB benefit can no longer be exercised 30 days after the contract anniversary following my 85th birthday. There will be no further ratchets, roll ups or resets to my GMIB benefit base after that time.

I acknowledge that I have received the most current prospectus for my Accumulator Elite. After reviewing my financial information and goals with my Financial Professional, I believe that this Certificate/Contract will meet my financial goals.

Consent for Delivery of Initial Prospectus on CD-ROM:

Yes. By checking this box and signing the enrollment form/application below, I acknowledge that I received the initial prospectus on computer readable compact disk "CD", and I am able to access the CD information. In order to retain the prospectus indefinitely, I understand that I must print it. I also understand that I may request a prospectus in paper format at any time by calling Customer Service at 1-800-789-7771 and that all subsequent prospectus updates and supplements will be provided to me in paper format, unless I enroll in AXA Equitable's Electronic Delivery Service.

By checking this box, providing my e-mail address, and signing the enrollment form/application below, I am requesting that AXA Equitable send me further information about enrolling in AXA Equitable's electronic delivery so that I may receive all statements, confirms and prospectus mailings electronically.

When you sign this enrollment form/application, you are agreeing to the elections that you have made in this enrollment form/application and acknowledge that you understand the terms and conditions set forth in this enrollment form/application.

X _____
Proposed Owner's Signature Signed at: City, State Date

X _____
Proposed Annuitant's Signature (if other than Owner) Signed at: City, State Date

X _____
Proposed Joint Owner's Signature (if other than Annuitant) Signed at: City, State Date

X _____
Proposed Joint Annuitant's Signature (if other than Owner) Signed at: City, State Date

14. Financial Professional Section

1. Does the Proposed Insured have any existing life insurance or annuity contracts? Yes No
2. Do you have reason to believe that any existing life insurance or annuity has been or will be surrendered, withdrawn from, loaned against, changed or otherwise reduced in value, or replaced in connection with this transaction assuming the Certificate/Contract applied for will be issued on the life of the Annuitant(s)/Owner(s)? Yes No
3. Did you verify the identity by reviewing the driver's license/passport of each Owner/Annuitant, inquire about the source of the customer's assets and income, and confirm that the Proposed Insured and Owner is not (nor family member of or associates with) a foreign military, government or political official? Yes No
4. Is the Proposed Insured currently an Active Duty* Member of the Armed Forces? Yes No

(If "Yes", you must also submit a complete and signed LIFE INSURANCE/ANNUITY DISCLOSURE TO ACTIVE DUTY MEMBERS OF THE ARMED FORCES.)

* "Active Duty" means full-time in the active military service of the United State and includes members of the reserve component (National Guard and Reserve) while serving under published orders for active duty or full-time training. The term does not include members of the reserve component who are performing active duty or active duty for training under military calls or orders specifying periods of less than 31 calendar days.

X

Primary Financial Professional Signature	Social Security Number	Agent Code
Print Name	%	() - Phone Number
Client Account Number	Email Address	Agent Location

X

Financial Professional Signature	Social Security Number	Agent Code
Print Name	%	() - Phone Number

X

Financial Professional Signature	Social Security Number	Agent Code
Print Name	%	() - Phone Number

X

Financial Professional Signature	Social Security Number	Agent Code
Print Name	%	() - Phone Number

Financial Professional Use Only. Contact your home office for program information. **Option I** **Option II** (Once selected, program cannot be changed.)



AXA Equitable Life Insurance Company

Enrollment Form/Application

Accumulator® PlusSM
AXA Advisors, LLC

Combination fixed and variable deferred annuity

Enrollment Form under Group Annuity Contract No. 2006GAC and Application for Individual Contract

Please make checks payable to: AXA Equitable

First-Class Mail: AXA Equitable, Accumulator, P.O. Box 1577, Secaucus, NJ 07096-1577

Express Mail: AXA Equitable, Accumulator, 500 Plaza Drive, 6th Floor, Secaucus, NJ 07094-3619

For assistance, please call 800-338-3434

www.AXAonline.com

1. Contract Specifics

A. Type of Contract (Please choose one.)

Non-Qualified (NQ)

Rollover IRA

Roth Conversion IRA

ERISA Rollover TSA or Non-ERISA Rollover TSA

Qualified Plan Defined Contribution (DC)¹

Qualified Plan Defined Benefit (DB)¹

¹ EEB is not available.

B. Total Initial Contribution(s): \$ _____

Expected First Year Contribution²: \$ _____

² The Amount entered determines the Accumulator Plus Credit Percentage and assumes multiple Contributions will be made (see Section 13). If PGD is elected, we will only accept contributions during the first 6 months of the first Contract Year.

Specify Method(s) of Payment:

Check or Wire

1035 Exchange (from Single Owner Contract, NQ only)

1035 Exchange (from Joint Owner Contract, NQ only)

CD or Mutual Fund Proceeds (NQ only)

Direct Transfer (IRA, Roth or Rollover TSA)

Rollover (IRA, Roth or Rollover TSA)

Direct Transfer from another carrier (Rollover TSA only)

2. Account Registration (Please print)

A. Owner (Must be legal resident of US.)

Individual Trust Qualified Plan Trust (DC/DB) UGMA/UTMA (State _____ Child's SSN _____)

Other Non-Natural Owner

Male Female **Date of Birth (mm/dd/yyyy)** _____ **Daytime Phone #** _____

Name (First) (Middle Initial) (Last) _____ Taxpayer Identification Number (Please check one.) SSN EIN ITIN

U.S.A. Primary Residential Address only — No P.O. Box Permitted _____ City _____ State _____ ZIP Code _____

If your Mailing Address is different from the Primary Residential Address above, please provide your Mailing Address in Section 5.

Email Address _____

B. Joint Owner (Must be legal resident of US.)

• The individual designated below is the Joint Owner.

Male Female **Date of Birth (mm/dd/yyyy)** _____

Name (First) (Middle Initial) (Last) _____ Taxpayer Identification Number (Please check one.) SSN ITIN

U.S.A. Primary Residential Address only — No P.O. Box Permitted _____ City _____ State _____ ZIP Code _____

Email Address _____

C. Annuitant (If other than Owner.)

Male Female **Date of Birth (mm/dd/yyyy)** _____

Name (First) (Middle Initial) (Last) _____ Taxpayer Identification Number (Please check one.) SSN ITIN

U.S.A. Primary Residential Address only — No P.O. Box Permitted _____ City _____ State _____ ZIP Code _____

D. Joint Annuitant

• For NQ 1035 Exchange Certificates/Contracts that are Joint Annuitants who are spouses.

Male Female **Date of Birth (mm/dd/yyyy)** _____

Name (First) (Middle Initial) (Last) _____ Taxpayer Identification Number (Please check one.) SSN ITIN

U.S.A. Primary Residential Address only — No P.O. Box Permitted _____ City _____ State _____ ZIP Code _____

3. Patriot Act Information

- 1. Are you a US Citizen? (If "Yes" proceed to question 3.) Yes No
- 2. If you are not a US citizen do you hold a valid US visa, which under the US Patriot Act, permits you to purchase this annuity? Yes No

US Visa Category (The following categories are NOT permitted: B, C, D, F, J, M, Q, TWOV.) _____

3. Your Occupation _____ 4. Your Employer _____

Owner Form of Identification (Please check one.) Valid Driver's License Passport State Issued ID

Identification Number _____ Exp. Date _____

Joint Owner Form of Identification (Please check one.) Valid Driver's License Passport State Issued ID

Identification Number _____ Exp. Date _____

4. Beneficiary(ies) (Please use Special Instructions for Additional Beneficiaries.)

A. Primary

- 1. _____ %
Primary Beneficiary Name _____
Relationship to Owner _____
- 2. _____ %
Primary Beneficiary Name _____
Relationship to Owner _____
- 3. _____ %
Primary Beneficiary Name _____
Relationship to Owner _____

B. Contingent

- 1. _____ %
Contingent Beneficiary Name _____
- 2. _____ %
Contingent Beneficiary Name _____
- 3. _____ %
Contingent Beneficiary Name _____

5. Special Instructions

Attach a separate sheet if additional space is needed. For Owners whose Mailing Address differs from their Primary Residential Address in Section 2, please complete the following:

Mailing Address — P.O. Box accepted _____ City _____ State _____ Zip Code _____

6. Optional Benefit Elections

These optional riders are purchased for an additional charge. You should read the prospectus, disclosure on page 8 and applicable supplements for more complete information including the limitations, restrictions, charges and other information that applies to these features before making a selection.

A. Guaranteed Minimum Income Benefit (GMIB)

- STOP** Guaranteed Minimum Income Benefit (GMIB) and Guaranteed Minimum Death Benefit (GMDB) elections are made in this section.
- GMIB is declined unless "Yes" is checked below.
 - If you elect GMIB, you may not elect PGB.
 - Owner issue ages 20-75

Choose One:

1. 6% GMIB with Annual Reset

- Yes, I wish to elect 6% GMIB and Greater of 6% Roll Up to age 85 or Annual Ratchet to age 85 GMDB
- Yes, I wish to elect 6% GMIB and Annual Ratchet to age 85 GMDB
- Yes, I wish to elect 6% GMIB and Standard GMDB

Annual Reset Election — Optional

- Automatic Reset Program** Reset my Roll Up Benefit Base(s) every year that I am eligible.
- Customized Reset Program** Reset my Roll Up Benefit Base(s) each year up to and including the contract anniversary date in the year _____ only. I understand that resets will only occur during this time period if I am eligible.

If you elected GMIB, skip to Section 6D for the opportunity to elect EEB, otherwise, proceed to Section 7.

B. Principal Guarantee Benefit (PGB)

- STOP** If you elected PGB, you must make a GMDB election in Section 6C.
- PGB is declined unless "Yes" is checked below.
 - If you elect PGB, you may not elect GMIB.
 - Yes, I wish to elect the **100% PGB**: Owner must allocate funds among the **Asset Allocation Investment Options, GIO and/or Special Money Market DCA**.
 - Yes, I wish to elect the **125% PGB**: Owner must allocate funds among the **AXA Moderate Allocation Investment Option, GIO and/or Special Money Market DCA**.

C. Guaranteed Minimum Death Benefit (GMDB)

- STOP** If you elected GMIB do not complete this section.
- If you did not elect GMIB, this section is MANDATORY.
 - Standard — Owner issue ages 0-80
 - Annual Ratchet to age 85 — Owner issue ages 0-75

D. Earnings Enhancement Benefit (EEB)

EEB is declined unless "Yes" is checked below.

- Yes, I wish to elect the EEB — Owner issue ages 0-75

7. Dollar Cost Averaging (Optional)

Dollar Cost Averaging (DCA) options — You may choose either Special Money Market or General Dollar Cost Averaging.

- Your DCA option is elected below and if you are not allocating 100% of your initial contribution to a DCA option, the balance of your initial contribution is allocated among the Investment Selections in Section 8 Column A.
- Your DCA contribution will be transferred to the Investment Selections in Section 8 Column B according to the instructions below.

A. Special Money Market Dollar Cost Averaging (Special Money Market DCA) — Check box for one time period.

- 3-months
- 6-months
- 12-months

- The entire initial contribution is allocated to the EQ/Money Market option in Section 8 Column A.
- Amounts are transferred monthly over a 3, 6, or 12 month period as elected above to the Variable Investment Options you select in Section 8 Column B.
- You may not indicate a percentage for the EQ/Money Market option in Section 8 Column B.
- In Section 8, you must complete the DCA Allocation Column B for amounts to be transferred (Column B must total 100%).

B. General Dollar Cost Averaging (General DCA) You may choose only one of the options listed below.

1. Guaranteed Interest Option (GIO*) — Interest Sweep Option

- By selecting the box above (GIO – Interest Sweep Option), up to 25% of your contribution may be allocated to the GIO and the interest will sweep monthly to the funds selected.
- For your initial contribution, you must complete Contribution Allocation Column A (must total 100%) including an allocation to the GIO. The amount allocated to the GIO must be a minimum of \$7,500 but may not exceed 25% of your contribution.
- You must complete the DCA Allocation Column B for the amounts to be transferred (Column B must total 100%).
- **The maximum allocation to the GIO is 25% of your contribution.**

2. Fixed Period Option —

- Check one of the boxes below for the Investment Selection from which funds will be transferred monthly and specify the transfer period in the blank.

Choose one: GIO* _____(months) or EQ/Money Market* _____(months)

- If selecting the GIO box above, up to 25% of your contribution may be allocated to the GIO in Column A which will then DCA to the funds selected in Column B.
- If selecting the EQ/Money Market box above, up to 100% of your contribution may be allocated to the EQ/Money Market in column A which will then DCA to the funds selected in Column B.
- For your initial contribution, you must complete Contribution Allocation Column A (must total 100%) including a minimum allocation of \$5,000 to either the GIO or the EQ/Money Market. The amount allocated to GIO may not exceed 25% of your contribution.
- You must complete the DCA Allocation Column B for the amounts to be transferred (Column B must total 100%).
- **The maximum allocation to the GIO is 25% of your contribution.**

* Contributions allocated to this Investment Option will cause the Rollup portion of your GMIB/GMDB benefit base to grow at 3% (if elected).

8. Investment Selection

Contribution Allocation — You must allocate your initial contribution among Fixed Account and/or VIOs below using the Contribution Allocation column A, which must total 100%. All future Contributions will be allocated according to the percentages below unless instructed otherwise by you.

DCA Allocation — See instructions in Section 7.

* Contributions allocated to this Investment Option will cause the Rollup portion of your GMB/GMDB benefit base to grow at $\frac{3}{100}$ (if elected).

A. Contribution Allocation % (Required)	B. DCA Allocation % (Optional)
Fixed Account — Percentages must be whole numbers	
_____ % Guaranteed Interest Option (GIO)*	_____ N/A %
<i>The maximum allocation to GIO is 25% of your Contribution.</i>	
Variable Investment Options — Percentages must be whole numbers	
Asset Allocation	
AXA Allocation Portfolios	
_____ % AXA Conservative Allocation	_____ %
_____ % AXA Conservative-Plus Allocation	_____ %
_____ % AXA Moderate Allocation	_____ %
_____ % AXA Moderate-Plus Allocation	_____ %
_____ % AXA Aggressive Allocation ¹	_____ %
Other Asset Allocation	
_____ % EQ/Franklin Templeton Founding Strategy ¹	_____ %
Large Cap (Growth)	
_____ % EQ/Capital Guardian Growth	_____ %
_____ % EQ/Capital Guardian Research	_____ %
_____ % EQ/Evergreen Omega	_____ %
_____ % EQ/Large Cap Growth PLUS	_____ %
_____ % EQ/Marsico Focus	_____ %
_____ % EQ/T. Rowe Price Growth Stock	_____ %
_____ % Multimanager Large Cap Growth	_____ %
Large Cap (Blend)	
_____ % EQ/AllianceBernstein Common Stock	_____ %
_____ % EQ/Davis New York Venture	_____ %
_____ % EQ/Equity 500 Index	_____ %
_____ % EQ/JPMorgan Value Opportunities	_____ %
_____ % EQ/Large Cap Core PLUS	_____ %
_____ % EQ/Large Cap Value Index ²	_____ %
_____ % EQ/Lord Abnett Large Cap Core	_____ %
_____ % EQ/Oppenheimer Main Street Opportunity	_____ %
_____ % EQ/UBS Growth and Income	_____ %
_____ % Multimanager Large Cap Core Equity	_____ %
Large Cap (Value)	
_____ % EQ/BlackRock Basic Value Equity	_____ %
_____ % EQ/Boston Advisors Equity Income	_____ %
_____ % EQ/Lord Abnett Growth and Income	_____ %
_____ % EQ/Mutual Shares	_____ %
_____ % EQ/Van Kampen Comstock	_____ %
_____ % Multimanager Large Cap Value	_____ %

A. Contribution Allocation % (Required)	B. DCA Allocation % (Optional)
Mid Cap (Growth)	
_____ % EQ/AllianceBernstein Small Cap Growth	_____ %
_____ % EQ/Mid Cap Index ³	_____ %
_____ % EQ/Van Kampen Mid Cap Growth	_____ %
_____ % Multimanager Mid Cap Growth	_____ %
Mid Cap (Blend)	
_____ % EQ/Mid Cap Value PLUS	_____ %
Mid Cap (Value)	
_____ % Multimanager Mid Cap Value	_____ %
Small Cap (Growth)	
_____ % Multimanager Small Cap Growth	_____ %
Small Cap (Blend)	
_____ % EQ/Oppenheimer Main Street Small Cap	_____ %
_____ % EQ/Small Company Index	_____ %
_____ % Multimanager Small Cap Value	_____ %
Small Cap (Value)	
_____ % EQ/Franklin Small Cap Value	_____ %
_____ % EQ/GAMCO Small Company Value	_____ %
International¹	
_____ % EQ/AllianceBernstein International	_____ %
_____ % EQ/BlackRock International Value	_____ %
_____ % EQ/International Core PLUS	_____ %
_____ % EQ/International Growth	_____ %
_____ % Multimanager International Equity	_____ %
Diversified Emerging Markets	
_____ % EQ/Van Kampen Emerging Markets Equity	_____ %
World Stock	
_____ % EQ/Oppenheimer Global	_____ %
_____ % EQ/Templeton Growth	_____ %
World Bond	
_____ % EQ/Evergreen International Bond	_____ %
Specialty	
_____ % EQ/Franklin Income ¹	_____ %
_____ % EQ/GAMCO Mergers and Acquisitions ¹	_____ %
_____ % EQ/Van Kampen Real Estate	_____ %
_____ % Multimanager Health Care	_____ %
_____ % Multimanager Technology	_____ %

(Continues on next page)

Percentages must be whole numbers — (Continued from previous page)

A. Contribution Allocation % (Required)	B. DCA Allocation % (Optional)	A. Contribution Allocation % (Required)	B. DCA Allocation % (Optional)
<input type="checkbox"/> Fixed Income ¹		<input type="checkbox"/> Money Market	
<input type="checkbox"/> EQ/AllianceBernstein Intermediate	<input type="checkbox"/>	<input type="checkbox"/> EQ/Money Market*	<input type="checkbox"/>
<input type="checkbox"/> Government Securities	<input type="checkbox"/>		
<input type="checkbox"/> EQ/JPMorgan Core Bond	<input type="checkbox"/>		
<input type="checkbox"/> EQ/Long Term Bond	<input type="checkbox"/>		
<input type="checkbox"/> EQ/PIMCO Real Return	<input type="checkbox"/>		
<input type="checkbox"/> EQ/Short Duration Bond	<input type="checkbox"/>		
<input type="checkbox"/> Multimanager Core Bond	<input type="checkbox"/>		
<input type="checkbox"/> Multimanager High Yield	<input type="checkbox"/>		

Column(s) A: _____% Contribution Allocation Total

Column(s) B: _____% DCA Allocation Total

STOP Please confirm Column A and Column B (if elected) EACH total 100%.

- **Note:** If you elected 100% PGB you may only allocate among "GIO" and/or the "Asset Allocation" investment options.
- If you elected 125% PGB you may only allocate among "GIO" and/or the "AXA Moderate Allocation" investment option.

¹ Classification/grouping based on AXA Equitable's classification.

² Will be known as EQ/Legg Mason Value Equity until on or about December 1, 2008.

³ Will be known as EQ/FI Mid Cap until on or about December 1, 2008.

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9. Fund Rebalancing (Optional)

You may **not** elect Rebalancing if you allocate 100% of your contribution to only one investment option; we **cannot** rebalance one option. **Additional Variable Investment Option (VIO) and GIO transfers you make will not modify or cancel the scheduled rebalancing.**

Option 1: VIO only. This option only rebalances funds allocated to VIOs. You may **not** elect this Rebalancing option if you elect the Special Money Market DCA or the General DCA Fixed Period Option from the EQ/Money Market.

Quarterly Semi-Annually **or** Annually

Option 2: VIO and GIO. You may **not** elect this Rebalancing option if you elect **any** DCA.

Quarterly Semi-Annually **or** Annually

The Rebalancing Program will use the Contribution Allocations provided in Section 8 Column A. Any changes to this program must be in writing. Rebalancing will be on the same day of the month as the Contract Date.

13. Signature and Acknowledgements

GENERAL DISCLOSURE. I/WE UNDERSTAND AND ACKNOWLEDGE THAT:

- Account value(s) attributable to allocations to the variable investment options, and any variable annuity benefit payments I may elect, may increase or decrease and are not guaranteed as to dollar amount.
- In the case of IRAs, Qualified Plans and TSAs that provide tax deferral under the Internal Revenue Code, by signing this enrollment form/application I acknowledge that I am buying the Certificate/Contract for its features and benefits other than tax deferral, as the tax deferral feature of the Certificate/Contract does not provide additional benefits.
- Under penalty of perjury, I certify that the Tax Identification Number in Section 2 is correct.
- All information and statements furnished in this enrollment form/application are true and complete to the best of my knowledge and belief.
- AXA Equitable may accept amendments to this enrollment form/application provided by me or under my authority.
- No financial professional has the authority to make or modify any Certificate/Contract on behalf of AXA Equitable, or to waive or alter any of AXA Equitable's rights and regulations. AXA Equitable must agree to any change made to the Certificate/Contract and benefits applied for, or to the age at issue, in writing.
- Charges under the Certificate/Contract generally apply for the duration of the Certificate/Contract.
- I understand that Credits will be allocated to my Account Value based on the Expected First Year Contribution Amount and that, if actual first year total Contributions are less than the amount needed to qualify for such Credits, any excess Credits will be deducted from my Account Value.

OPTIONAL BENEFIT DISCLOSURE. I/WE UNDERSTAND AND ACKNOWLEDGE THAT:

- No optional benefits are elected unless I checked the appropriate boxes in Section 6. Some elections may not be changed after the Certificate/Contract has been issued to me.
- There are additional charges for an optional benefit elected in Section 6.
- Withdrawals under the Certificate/Contract may reduce my Benefit Base.
- The crediting rate used for the GMIB and GMDB benefit base (if elected) does not represent a guarantee of my Account Value or Cash Value, and if I exercise GMIB, the benefit base will be in the form of lifetime periodic payments only.
- Depending on my/our age, a GMIB, PGB and GDMB elected in Section 6 may be of limited usefulness because federal income tax lifetime required minimum distributions begins after age 70½ and such distributions that are withdrawn from the Certificate/Contract may significantly reduce the benefit.
- The annual reset when elected in conjunction with the GMIB may result in: a new 10-year waiting period to exercise the GMIB, which may be started beginning on each Contract Date Anniversary that the Roll Up Benefit Base is reset; the charge for the "greater of" GMDB and the GMIB may increase depending on the terms of my Certificate/Contract as of the Contract Date Anniversary following each reset. If my Annuity Account Value does not exceed my GMIB Rollup to age 85 benefit base on any Contract Anniversary, no reset will occur. To cancel my reset request I must submit a signed and completed reset cancellation request. Any such request must be received at AXA Equitable's processing office at least 30 days prior to the Contract Date Anniversary to which the cancellation applies. Requests received after this window will apply the following year. I am not able to cancel a reset once it has occurred. For jointly owned Certificates/Contracts, eligibility to reset the roll up benefit base is based on the age of the older owner. My GMIB benefit can no longer be exercised 30 days after the contract anniversary following my 85th birthday. There will be no further ratchets, roll ups or resets to my GMIB benefit base after that time.

I acknowledge that I have received the most current prospectus for Accumulator Plus. After reviewing my financial information and goals with my Financial Professional, I believe that this Certificate/Contract will meet my financial goals.

Consent for Delivery of Initial Prospectus on CD-ROM:

Yes. By checking this box and signing the enrollment form/application below, I acknowledge that I received the initial prospectus on computer readable compact disk "CD", and I am able to access the CD information. In order to retain the prospectus indefinitely, I understand that I must print it. I also understand that I may request a prospectus in paper format at any time by calling Customer Service at 1-800-789-7777 and that all subsequent prospectus updates and supplements will be provided to me in paper format, unless I enroll in AXA Equitable's Electronic Delivery Service.

By checking this box, providing my e-mail address, and signing the enrollment form/application below, I am requesting that AXA Equitable send me further information about enrolling in AXA Equitable's electronic delivery so that I may receive all statements, confirms and prospectus mailings electronically.)

When you sign this enrollment form/application, you are agreeing to the elections that you have made in this enrollment form/application and acknowledge that you understand the terms and conditions set forth in this enrollment form/application.

X _____
Proposed Owner's Signature Signed at: City, State Date

X _____
Proposed Annuitant's Signature (if other than Owner) Signed at: City, State Date

X _____
Proposed Joint Owner's Signature (if other than Annuitant) Signed at: City, State Date

X _____
Proposed Joint Annuitant's Signature (if other than Owner) Signed at: City, State Date

AXA Equitable Life Insurance Company

Combination fixed and variable deferred annuity

Enrollment Form under Group Annuity Contract No. 2006GAC and Application for Individual Contract

Please make checks payable to: AXA Equitable

First-Class Mail: AXA Equitable, Accumulator, P.O. Box 1577, Secaucus, NJ 07096-1577

Express Mail: AXA Equitable, Accumulator, 500 Plaza Drive, 6th Floor, Secaucus, NJ 07094-3619

For assistance, please call (888-517-9900)

www.axadistributors.com

1. Contract Specifics

A. Type of Contract (Please choose one.)

- Non-Qualified (NQ)
- Rollover IRA
- Flexible Premium IRA (Contributions for Tax year ____)¹
- Roth Conversion IRA
- Flexible Premium Roth IRA (Contributions for Tax year ____)¹
- Qualified Plan Defined Contribution (DC)²
- Qualified Plan Defined Benefit (DB)²
- Inherited IRA BCO (Direct Transfer of Decedent IRA)³
- Inherited Roth IRA BCO (Direct Transfer of Decedent Roth IRA)³
- Non-spousal QP Direct Rollover to an Inherited IRA BCO³

¹ PGB is not available. ² EEB is not available.

³ GMIB, PGB and Special DCA are not available.

B. Total Initial Contribution(s): \$ _____

Specify Method(s) of Payment:

- Check or Wire
- 1035 Exchange (from Single Owner Contract, NQ only)
- 1035 Exchange (from Joint Owner Contract, NQ only)
- CD or Mutual Fund Proceeds (NQ only)
- Direct Transfer (IRA or Roth)
- Rollover (IRA or Roth)
- Direct Rollover (Non-Spousal QP to Inherited IRA only)

2. Account Registration (Please print)

A. Owner (Must be legal resident of US.)

- Individual Trust Qualified Plan Trust (DC/DB) UGMA/UTMA (State ____ Child's SSN _____)
- Custodian (IRA/Roth) Other Non-Natural Owner Beneficiary of Deceased IRA Owner
- Male Female **Date of Birth (mm/dd/yyyy)** _____ **Daytime Phone #** _____

Name (First) (Middle Initial) (Last) _____ Taxpayer Identification Number (Please check one.) SSN EIN ITIN

U.S.A. Primary Residential Address only — No P.O. Box Permitted _____ City _____ State _____ ZIP Code _____

If your Mailing Address is different from the Primary Residential Address above, please provide your Mailing Address in Section 5.

Email Address _____

B. Joint Owner (Must be legal resident of US.)

- The individual designated below is the Joint Owner.

Male Female **Date of Birth (mm/dd/yyyy)** _____

Name (First) (Middle Initial) (Last) _____ Taxpayer Identification Number (Please check one.) SSN ITIN

U.S.A. Primary Residential Address only — No P.O. Box Permitted _____ City _____ State _____ ZIP Code _____

Email Address _____

C. Annuitant (If other than Owner.)

Male Female **Date of Birth (mm/dd/yyyy)** _____

Name (First) (Middle Initial) (Last) _____ Taxpayer Identification Number (Please check one.) SSN ITIN

U.S.A. Primary Residential Address only — No P.O. Box Permitted _____ City _____ State _____ ZIP Code _____

D. Joint Annuitant

• For NQ 1035 Exchange Certificates/Contracts that are Joint Annuitants who are spouses.

Male Female **Date of Birth (mm/dd/yyyy)** _____

Name (First) (Middle Initial) (Last) _____ Taxpayer Identification Number (Please check one.) SSN ITIN

U.S.A. Primary Residential Address only — No P.O. Box Permitted _____ City _____ State _____ ZIP Code _____

3. Patriot Act Information

1. Are you a US Citizen? (If "Yes" proceed to question 3.) Yes No

2. If you are not a US citizen do you hold a valid US visa, which under the US Patriot Act permits you to purchase this annuity? Yes No

US Visa Category (The following categories are NOT permitted: B, C, D, F, J, M, Q, TWOV.) _____

3. Your Occupation _____ 4. Your Employer _____

Owner Form of Identification (Please check one.) Valid Driver's License Passport State Issued ID

Identification Number _____ Exp. Date _____

Joint Owner Form of Identification (Please check one.) Valid Driver's License Passport State Issued ID

Identification Number _____ Exp. Date _____

4. Beneficiary(ies) (Please use Special Instructions for Additional Beneficiaries.)

A. Primary

1. _____ %

Primary Beneficiary Name

Relationship to Owner

2. _____ %

Primary Beneficiary Name

Relationship to Owner

3. _____ %

Primary Beneficiary Name

Relationship to Owner

B. Contingent

1. _____ %

Contingent Beneficiary Name

2. _____ %

Contingent Beneficiary Name

3. _____ %

Contingent Beneficiary Name

5. Special Instructions

Attach a separate sheet if additional space is needed. For Owners whose Mailing Address differs from their Primary Residential Address in Section 2, please complete the following:

Mailing Address — P.O. Box accepted _____ City _____ State _____ Zip Code _____

6. Optional Benefit Elections

These optional riders are purchased for an additional charge. You should read the prospectus, disclosure on page 8 and applicable supplements for more complete information including the limitations, restrictions, charges and other information that applies to these features before making a selection.

A. Guaranteed Minimum Income Benefit (GMIB)

STOP Guaranteed Minimum Income Benefit (GMIB) and Guaranteed Minimum Death Benefit (GMDB) elections are made in this section.

- GMIB is declined unless "Yes" is checked below.
- If you elect GMIB, you may not elect PGB.
- Owner issue ages [20-75]

Choose One:

1. [6%] GMIB with Annual Reset

- Yes, I wish to elect [6%] GMIB and Greater of [6%] Roll Up to age [85] or Annual Ratchet to age [85] GMDB
- Yes, I wish to elect [6%] GMIB and Annual Ratchet to age [85] GMDB
- Yes, I wish to elect [6%] GMIB and Standard GMDB

Annual Reset Election — Optional

- Automatic Reset Program** Reset my Roll Up Benefit Base(s) every year that I am eligible.
- Customized Reset Program** Reset my Roll Up Benefit Base(s) each year up to and including the contract anniversary date in the year _____ only. I understand that resets will only occur during this time period if I am eligible.

If you elected GMIB, skip to Section 6D for the opportunity to elect EEB, otherwise, proceed to Section 7.

B. Principal Guarantee Benefit (PGB)

STOP If you elect PGB, you must make a GMDB election in Section 6C.

- PGB is declined unless "Yes" is checked below.
- If you elect PGB, you may not elect GMIB.
- Yes, I wish to elect the **100% PGB**: Owner **must** allocate funds among the **Asset Allocation Investment Options, GIO and/or Special DCA**.
- Yes, I wish to elect the **125% PGB**: Owner **must** allocate funds among the **AXA Moderate Allocation Investment Option, GIO and/or Special DCA**.

C. Guaranteed Minimum Death Benefit (GMDB)

STOP If you elected GMIB do not complete this section.

- If you did not elect GMIB, this section is MANDATORY.
- For Owner issue ages [81-85] the Certificate/Contract will be issued with Standard GMDB.
- Standard — Owner issue ages [0-85]
- Annual Ratchet to age [85] — Owner issue ages [0-75]

D. Earnings Enhancement Benefit (EEB)

EEB is declined unless "Yes" is checked below.

- Yes, I wish to elect the EEB — Owner issue ages [0-75]

7. Broker Transfer Authorization

Yes, by signing this application, I hereby designate my registered representative named in Section 15 to act as my agent in giving subaccount transfer instructions by telephone or electronically, and I authorize AXA Equitable to act on such instructions. I understand that AXA Equitable (i) may rely in good faith on the stated identity of a person placing such instructions, and (ii) will have no liability for any claim, loss, liability, or expense that may arise in connection with such instructions. AXA Equitable will continue to act upon this authorization until such time as it receives my written notification of a change at its processing office. AXA Equitable may (i) change or terminate telephone or electronic or overnight mail transfer procedures at any time without prior notice, and (ii) restrict fax, internet, telephone and other electronic transfer services because of disruptive transfer activity.

8. Dollar Cost Averaging (Optional)

Dollar Cost Averaging (DCA) options — You may choose either Special or General Dollar Cost Averaging.

- Your DCA option is elected below and if you are not allocating 100% of your initial contribution to a DCA option, the balance of your initial contribution is allocated among the Investment Selections in Section 9 Column A.
- Your DCA contribution will be transferred to the Investment Selections in Section 9 Column B according to the instructions below.

A. Special Dollar Cost Averaging (Special DCA) — Check box for one time period and specify an allocation percentage or dollar amount.

• **Note:** Not available with Inherited IRA/Roth IRA.

- 3-months: **100% Allocation** or ____% or \$_____
- 6-months: **100% Allocation** or ____% or \$_____
- 12-months: **100% Allocation** or ____% or \$_____

- In Section 9, you must complete the DCA Allocation Column B for amounts to be transferred (Column B must total 100%).
- If allocating 100% of your initial contribution to Special DCA above your requirement to complete Column A is fulfilled.
- If only allocating a portion of your initial contribution to Special DCA above, you must ALSO complete the initial Contribution Allocation Column A for the remaining amount of your initial contribution (Column A must total 100%).

B. General Dollar Cost Averaging (General DCA) You may choose only one of the options listed below.

1. **Guaranteed Interest Option (GIO*) — Interest Sweep Option**

- By selecting the box above (GIO – Interest Sweep Option), up to 25% of your contribution may be allocated to the GIO and the interest will sweep monthly to the funds selected.
- For your initial contribution, you must complete Contribution Allocation Column A (must total 100%) including an allocation to the GIO. The amount allocated to the GIO must be a minimum of **(\$7,500)** but may not exceed 25% of your contribution.
- You must complete the DCA Allocation Column B for the amounts to be transferred (Column B must total 100%).
- **The maximum allocation to the GIO is 25% of your contribution.**

2. **Fixed Period Option** —

- Check one of the boxes below for the Investment Selection from which funds will be transferred monthly and specify the transfer period in the blank.

Choose one: **GIO*** ____ (months) or **EQ/Money Market*** ____ (months)

- If selecting the GIO box above, up to 25% of your contribution may be allocated to the GIO in Column A which will then DCA to the funds selected in Column B.
- If selecting the EQ/Money Market box above, up to 100% of your contribution may be allocated to the EQ/Money Market in Column A which will then DCA to the funds selected in Column B.
- For your initial contribution, you must complete Contribution Allocation Column A (must total 100%) including a minimum allocation of **(\$5,000)** to either the GIO or the EQ/Money Market. The amount allocated to GIO may not exceed 25% of your contribution.
- You must complete the DCA Allocation Column B for the amounts to be transferred (Column B must total 100%).
- **The maximum allocation to the GIO is 25% of your contribution.**

* Contributions allocated to this Investment Option will cause the Rollup portion of your GMIB/GMDB benefit base to grow at **3%** (if elected).

Percentages must be whole numbers — (Continued from previous page)

A. Contribution Allocation % (Required)	B. DCA Allocation % (Optional)	A. Contribution Allocation % (Required)	B. DCA Allocation % (Optional)
<input type="checkbox"/> Fixed Income ¹		<input type="checkbox"/> Money Market	
<input type="checkbox"/> EQ/AllianceBernstein Intermediate		<input type="checkbox"/> EQ/Money Market*	
<input type="checkbox"/> Government Securities			
<input type="checkbox"/> EQ/JPMorgan Core Bond			
<input type="checkbox"/> EQ/Long Term Bond			
<input type="checkbox"/> EQ/PIMCO Real Return			
<input type="checkbox"/> EQ/Short Duration Bond			
<input type="checkbox"/> Multimanager Core Bond			
<input type="checkbox"/> Multimanager High Yield			

Column(s) A: _____% Contribution Allocation Total

Column(s) B: _____% DCA Allocation Total

STOP Please confirm Column A and Column B (if elected) EACH total 100%.

- **Note:** If you elected 100% PGB you may only allocate among "GIO" and/or the "Asset Allocation" investment options.
- If you elected 125% PGB you may only allocate among "GIO" and/or the "AXA Moderate Allocation" investment option.

¹ Classification/grouping based on AXA Equitable's classification.

² Will be known as EQ/Legg Mason Value Equity until on or about December 1, 2008.

³ Will be known as EQ/FI Mid Cap until on or about December 1, 2008.

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10. Fund Rebalancing (Optional)

You may **not** elect Rebalancing if you allocate 100% of your contribution to only one investment option; we **cannot** rebalance one option. **Additional Variable Investment Option (VIO) and GIO transfers you make will not modify or cancel the scheduled rebalancing.**

Option 1: VIO only. This option only rebalances funds allocated to VIOs. You may **not** elect this Rebalancing option if you elect General DCA Fixed Period Option from the EQ/Money Market.

Quarterly Semi-Annually **or** Annually

Option 2: VIO and GIO. You may **not** elect this Rebalancing option if you elect **any** DCA.

Quarterly Semi-Annually **or** Annually

The Rebalancing Program will use the Contribution Allocations provided in Section 9 Column A. Any changes to this program must be in writing. Rebalancing will be on the same day of the month as the Contract Date.

11. Current Insurance

1. Do you have any other existing life insurance or annuities?

Yes No

2. Will any existing life insurance or annuity be (or has it been) surrendered, withdrawn from, loaned against, changed or otherwise reduced in value, or replaced in connection with this transaction assuming the Certificate/Contract applied for will be issued?

Yes No

If **Yes**, complete the following:

Company	Type of Plan	Year Issued	Certificate/Contract Number
_____ Company	_____ Type of Plan	_____ Year Issued	_____ Certificate/Contract Number
_____ Company	_____ Type of Plan	_____ Year Issued	_____ Certificate/Contract Number

12. Contract State

The Contract State is your state of primary residence (Owner's primary residential address from Section 2) unless you sign the application in a different state. **If you are signing this application in a state other than your state of primary residence, check one box below:**

I have a second residence in the state of sale.

I work or conduct business in the state of sale.

If none of the above apply, the application must be signed in your state of Primary Residence, unless we approve another state.

13. Fraud Warnings

Arkansas/New Mexico: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

• **Colorado/District of Columbia/Kentucky/Louisiana/Maine/Tennessee:** It is a crime to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages.

• **Oklahoma:** Any person who knowingly and with intent to injure, defraud or deceive an insurer, files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony.

• **Ohio:** Any person, who with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an enrollment form/application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

• **All other states (except Virginia):** Any person who knowingly and with intent to defraud any insurance company files an enrollment form/application or statement of claim containing any materially false, misleading or incomplete information may be guilty of a crime which may be punishable under state or Federal law.

14. Signature and Acknowledgements

GENERAL DISCLOSURE. I/WE UNDERSTAND AND ACKNOWLEDGE THAT:

- Account value(s) attributable to allocations to the variable investment options, and any variable annuity benefit payments I may elect, may increase or decrease and are not guaranteed as to dollar amount.
- In the case of IRAs and Qualified Plans that provide tax deferral under the Internal Revenue Code, by signing this enrollment form/application I acknowledge that I am buying the Certificate/Contract for its features and benefits other than tax deferral, as the tax deferral feature of the Certificate/Contract does not provide additional benefits.
- Under penalty of perjury, I certify that the Tax Identification Number in Section 2 is correct.
- All information and statements furnished in this enrollment form/application are true and complete to the best of my knowledge and belief.
- AXA Equitable may accept amendments to this enrollment form/application provided by me or under my authority.
- No registered representative has the authority to make or modify any Certificate/Contract on behalf of AXA Equitable, or to waive or alter any of AXA Equitable's rights and regulations. AXA Equitable must agree to any change made to the Certificate/Contract and benefits applied for, or to the age at issue, in writing.
- Charges under the Certificate/Contract generally apply for the duration of the Certificate/Contract.

OPTIONAL BENEFIT DISCLOSURE. I/WE UNDERSTAND AND ACKNOWLEDGE THAT:

- No optional benefits are elected unless I checked the appropriate boxes in Section 6. Some elections may not be changed after the Certificate/Contract has been issued to me.
- There are additional charges for an optional benefit elected in Section 6.
- Withdrawals under the Certificate/Contract may reduce my Benefit Base.
- The crediting rate used for the GMIB and GMDB benefit base (if elected) does not represent a guarantee of my Account Value or Cash Value, and if I exercise GMIB, the benefit base will be in the form of lifetime periodic payments only.
- Depending on my/our age, a GMIB, PGB and GDMB elected in Section 6 may be of limited usefulness because federal income tax lifetime required minimum distributions begins after age 70½ and such distributions that are withdrawn from the Certificate/Contract may significantly reduce the benefit.
- The annual reset when elected in conjunction with the GMIB may result in: a new 10-year waiting period to exercise the GMIB, which may be started beginning on each Contract Date Anniversary that the Roll Up Benefit Base is reset; the charge for the "greater of" GMDB and the GMIB may increase depending on the terms of my Certificate/Contract as of the Contract Date Anniversary following each reset. If my Annuity Account Value does not exceed my GMIB Rollup to age 65 benefit base on any Contract Anniversary, no reset will occur. To cancel my reset request I must submit a signed and completed reset cancellation request. Any such request must be received at AXA Equitable's processing office at least 30 days prior to the Contract Date Anniversary to which the cancellation applies. Requests received after this window will apply the following year. I am not able to cancel a reset once it has occurred. For jointly owned Certificates/Contracts, eligibility to reset the roll up benefit base is based on the age of the older owner. My GMIB benefit can no longer be exercised 30 days after the contract anniversary following my 85th birthday. There will be no further ratchets, roll ups or resets to my GMIB benefit base after that time.

I acknowledge that I have received the most current prospectus for Accumulator. After reviewing my financial information and goals with my Registered Representative, I believe that this Certificate/Contract will meet my financial goals.

Consent for Delivery of Initial Prospectus on CD-ROM:

Yes. By checking this box and signing the enrollment form/application below, I acknowledge that I received the initial prospectus on computer readable compact disk "CD", and I am able to access the CD information. In order to retain the prospectus indefinitely, I understand that I must print it. I also understand that I may request a prospectus in paper format at any time by calling Customer Service at 1-800-789-7771 and that all subsequent prospectus updates and supplements will be provided to me in paper format, unless I enroll in AXA Equitable's Electronic Delivery Service.

By checking this box, providing my e-mail address, and signing the enrollment form/application below, I am requesting that AXA Equitable send me further information about enrolling in AXA Equitable's electronic delivery so that I may receive all statements, confirms and prospectus mailings electronically.

When you sign this enrollment form/application, you are agreeing to the elections that you have made in this enrollment form/application and acknowledge that you understand the terms and conditions set forth in this enrollment form/application.

X _____
Proposed Owner's Signature Signed at: City, State Date

X _____
Proposed Annuitant's Signature (if other than Owner) Signed at: City, State Date

X _____
Proposed Joint Owner's Signature (if other than Annuitant) Signed at: City, State Date

X _____
Proposed Joint Annuitant's Signature (if other than Owner) Signed at: City, State Date

15. Registered Representative Section

- 1. Does the Proposed Insured have any existing life insurance or annuity contracts? Yes No
- 2. Do you have reason to believe that any existing life insurance or annuity has been or will be surrendered, withdrawn from, loaned against, changed or otherwise reduced in value, or replaced in connection with this transaction assuming the Certificate/Contract applied for will be issued on the life of the Annuitant(s)/Owner(s)? Yes No
- 3. Did you verify the identity by reviewing the driver's license/passport of each Owner/Annuitant, inquire about the source of the customer's assets and income, and confirm that the Proposed Insured and Owner is not (nor family member of or associates with) a foreign military, government or political official? Yes No
- 4. Is the Proposed Insured currently an Active Duty* Member of the Armed Forces? Yes No

(If "Yes", you must also submit a complete and signed LIFE INSURANCE/ANNUITY DISCLOSURE TO ACTIVE DUTY MEMBERS OF THE ARMED FORCES.)

* "Active Duty" means full-time in the active military service of the United State and includes members of the reserve component (National Guard and Reserve) while serving under published orders for active duty or full-time training. The term does not include members of the reserve component who are performing active duty or active duty for training under military calls or orders specifying periods of less than 31 calendar days.

X

Primary Registered Representative Signature	Social Security Number	or	Rep. Code
_____	_____		_____
Print Name		% () -	Phone Number
_____		_____	_____
Client Account Number at Broker-Dealer	Email Address		Broker-Dealer Name
_____	_____		_____

X

Secondary Registered Representative Signature	Social Security Number	or	Rep. Code
_____	_____		_____
Print Name		% () -	Phone Number
_____		_____	_____

Registered Representative Use Only. Contact your home office for program information. Option I Option II Option III
 Option IV Option V (Once selected, program cannot be changed.)



AXA EQUITABLE

AXA Equitable Life Insurance Company

Enrollment Form/Application

Accumulator® SelectSM

Combination fixed and variable deferred annuity

Enrollment Form under Group Annuity Contract No. 2006GAC and Application for Individual Contract

Please make checks payable to: AXA Equitable

First-Class Mail: AXA Equitable, Accumulator, P.O. Box 1577, Secaucus, NJ 07096-1577

Express Mail: AXA Equitable, Accumulator, 500 Plaza Drive, 6th Floor, Secaucus, NJ 07094-3619

For assistance, please call 888-517-9900

www.axadistributors.com

1. Contract Specifics

A. Type of Contract (Please choose one.)

Non-Qualified (NQ)

Rollover IRA

Roth Conversion IRA

Inherited IRA BCO (Direct Transfer of Decedent IRA)¹

Inherited Roth IRA BCO (Direct Transfer of Decedent Roth IRA)¹

Non-spousal QP Direct Rollover to an Inherited IRA BCO¹

¹ GMIB, PGB and Special Money Market DCA are not available.

B. Total Initial Contribution(s): \$ _____

Specify Method(s) of Payment:

Check or Wire

1035 Exchange (from Single Owner Contract, NQ only)

1035 Exchange (from Joint Owner Contract, NQ only)

CD or Mutual Fund Proceeds (NQ only)

Direct Transfer (IRA or Roth)

Rollover (IRA or Roth)

Direct Rollover (Non-Spousal QP IRA only)

2. Account Registration (Please print)

A. Owner (Must be legal resident of US.)

Individual Trust UGMA/UTMA (State _____ Child's SSN _____)

Custodian (IRA/Roth) Other Non-Natural Owner Beneficiary of Deceased IRA Owner

Male Female **Date of Birth (mm/dd/yyyy)** _____ **Daytime Phone #** _____

Name (First) (Middle Initial) (Last) _____ Taxpayer Identification Number (Please check one.) SSN EIN ITIN

U.S.A. Primary Residential Address only — No P.O. Box Permitted _____ City _____ State _____ ZIP Code _____

If your Mailing Address is different from the Primary Residential Address above, please provide your Mailing Address in Section 5.

Email Address _____

B. Joint Owner (Must be legal resident of US.)

• The individual designated below is the Joint Owner.

Male Female **Date of Birth (mm/dd/yyyy)** _____

Name (First) (Middle Initial) (Last) _____ Taxpayer Identification Number (Please check one.) SSN ITIN

U.S.A. Primary Residential Address only — No P.O. Box Permitted _____ City _____ State _____ ZIP Code _____

Email Address _____

C. Annuitant (If other than Owner.)

Male Female Date of Birth (mm/dd/yyyy) _____

Name (First) (Middle Initial) (Last) _____ Taxpayer Identification Number (Please check one.) SSN ITIN

U.S.A. Primary Residential Address only — No P.O. Box Permitted _____ City _____ State _____ ZIP Code _____

D. Joint Annuitant

• For NQ 1035 Exchange Certificates/Contracts that are Joint Annuitants who are spouses.

Male Female Date of Birth (mm/dd/yyyy) _____

Name (First) (Middle Initial) (Last) _____ Taxpayer Identification Number (Please check one.) SSN ITIN

U.S.A. Primary Residential Address only — No P.O. Box Permitted _____ City _____ State _____ ZIP Code _____

3. Patriot Act Information

1. Are you a US Citizen? (If "Yes" proceed to question 3.) Yes No

2. If you are not a US citizen do you hold a valid US visa, which under the US Patriot Act, permits you to purchase this annuity? Yes No

US Visa Category (The following categories are NOT permitted: B, C, D, F, J, M, Q, T, TW, TN, U, V, X, Y, Z)

3. Your Occupation _____ 4. Your Employer _____

Owner Form of Identification (Please check one.) Valid Driver's License Passport State Issued ID

Identification Number _____ Exp. Date _____

Joint Owner Form of Identification (Please check one.) Valid Driver's License Passport State Issued ID

Identification Number _____ Exp. Date _____

4. Beneficiary(ies) (Please use Special Instructions for Additional Beneficiaries.)

A. Primary

1. _____ %

Primary Beneficiary Name

Relationship to Owner

2. _____ %

Primary Beneficiary Name

Relationship to Owner

3. _____ %

Primary Beneficiary Name

Relationship to Owner

B. Contingent

1. _____ %

Contingent Beneficiary Name

2. _____ %

Contingent Beneficiary Name

3. _____ %

Contingent Beneficiary Name

5. Special Instructions

Attach a separate sheet if additional space is needed. For Owners whose Mailing Address differs from their Primary Residential Address in Section 2, please complete the following:

Mailing Address — P.O. Box accepted _____ City _____ State _____ Zip Code _____

6. Optional Benefit Elections

These optional riders are purchased for an additional charge. You should read the prospectus, disclosure on page 8 and applicable supplements for more complete information including the limitations, restrictions, charges and other information that applies to these features before making a selection.

A. Guaranteed Minimum Income Benefit (GMIB)

STOP Guaranteed Minimum Income Benefit (GMIB) and Guaranteed Minimum Death Benefit (GMDB) elections are made in this section.

- GMIB is declined unless "Yes" is checked below.
- If you elect GMIB, you may not elect PGB.
- Owner issue ages [20-75.]

Choose One:

1. [6%] GMIB with Annual Reset

- Yes, I wish to elect [6%] GMIB and Greater of [6%] Roll Up to age [85] or Annual Ratchet to age [85] GMDB
- Yes, I wish to elect [6%] GMIB and Annual Ratchet to age [85] GMDB
- Yes, I wish to elect [6%] GMIB and Standard GMDB

Annual Reset Election — Optional

- Automatic Reset Program** Reset my Roll Up Benefit Base(s) every year that I am eligible.
- Customized Reset Program** Reset my Roll Up Benefit Base(s) each year up to and including the contract anniversary date in the year _____ only. I understand that resets will only occur during this time period if I am eligible.

If you elected GMIB, skip to Section 6D for the opportunity to elect EEB, otherwise, proceed to Section 7.

B. Principal Guarantee Benefit (PGB)

STOP If you elected PGB, you must make a GMDB election in Section 6C.

- PGB is declined unless "Yes" is checked below.
- If you elect PGB, you may not elect GMIB.
- Yes, I wish to elect the 100% PGB: Owner must allocate funds among the **Asset Allocation Investment Options, GIO and/or Special Money Market DCA.**
- Yes, I wish to elect the 125% PGB: Owner must allocate funds among the **AXA Moderate Allocation Investment Option, GIO and/or Special Money Market DCA.**

C. Guaranteed Minimum Death Benefit (GMDB)

STOP If you elected GMIB do not complete this section.

- If you did not elect GMIB, this section is MANDATORY.
- For Owner issue ages 81-85, the Certificate/Contract will be issued with Standard GMDB.
- Standard — Owner issue ages [0-85]
- Annual Ratchet to age [85] — Owner issue ages [0-75]

D. Earnings Enhancement Benefit (EEB)

EEB is declined unless "Yes" is checked below.

- Yes, I wish to elect the EEB — Owner issue ages [0-75.]

7. Broker Transfer Authorization

Yes, by signing this application, I hereby designate my registered representative named in Section 15 to act as my agent in giving subaccount transfer instructions by telephone or electronically, and I authorize AXA Equitable to act on such instructions. I understand that AXA Equitable (i) may rely in good faith on the stated identity of a person placing such instructions, and (ii) will have no liability for any claim, loss, liability, or expense that may arise in connection with such instructions. AXA Equitable will continue to act upon this authorization until such time as it receives my written notification of a change at its processing office. AXA Equitable may (i) change or terminate telephone or electronic or overnight mail transfer procedures at any time without prior notice, and (ii) restrict fax, internet, telephone and other electronic transfer services because of disruptive transfer activity.

8. Dollar Cost Averaging (Optional)

Dollar Cost Averaging (DCA) options — You may choose either Special Money Market or General Dollar Cost Averaging.

- Your DCA option is elected below and if you are not allocating 100% of your initial contribution to a DCA option, the balance of your initial contribution is allocated among the Investment Selections in Section 9 Column A.
- Your DCA contribution will be transferred to the Investment Selections in Section 9 Column B according to the instructions below.

A. Special Money Market Dollar Cost Averaging (Special Money Market DCA) — Check box for one time period.

- 3-months
- 6-months
- 12-months

- The entire initial contribution is allocated to the EQ/Money Market option in Section 9 Column A.
- Amounts are transferred monthly over a 3, 6, or 12 month period as elected above to the Variable Investment Options you select in Section 9 Column B.
- You may not indicate a percentage for the EQ/Money Market option in Section 9 Column B.
- In Section 9, you must complete the DCA Allocation Column B for amounts to be transferred (Column B must total 100%).

B. General Dollar Cost Averaging (General DCA) You may choose only one of the options listed below.

1. **Guaranteed Interest Option (GIO*) — Interest Sweep Option**

- By selecting the box above (GIO – Interest Sweep Option), up to 25% of your contribution may be allocated to the GIO and the interest will sweep monthly to the funds selected.
- For your initial contribution, you must complete Contribution Allocation Column A (must total 100%) including an allocation to the GIO. The amount allocated to the GIO must be a minimum of \$7,500 but may not exceed 25% of your contribution.
- You must complete the DCA Allocation Column B for the amounts to be transferred (Column B must total 100%).
- **The maximum allocation to the GIO is 25% of your contribution.**

2. **Fixed Period Option** —

- Check one of the boxes below for the Investment Selection from which funds will be transferred monthly and specify the transfer period in the blank.
Choose one: **GIO*** _____(months) or **EQ/Money Market*** _____(months)
- If selecting the GIO box above, up to 25% of your contribution may be allocated to the GIO in Column A which will then DCA to the funds selected in Column B.
- If selecting the EQ/Money Market box above, up to 100% of your contribution may be allocated to the EQ/Money Market in Column A which will then DCA to the funds selected in Column B.
- For your initial contribution, you must complete Contribution Allocation Column A (must total 100%) including a minimum allocation of \$5,000 to either the GIO or the EQ/Money Market. The amount allocated to GIO may not exceed 25% of your contribution.
- You must complete the DCA Allocation Column B for the amounts to be transferred (Column B must total 100%).
- **The maximum allocation to the GIO is 25% of your contribution.**

* Contributions allocated to this Investment Option will cause the Rollup portion of your GMIB/GMDB benefit base to grow at 3% (if elected).

Percentages must be whole numbers — (Continued from previous page)

A. Contribution Allocation % (Required)	B. DCA Allocation % (Optional)	A. Contribution Allocation % (Required)	B. DCA Allocation % (Optional)
<input type="checkbox"/> Fixed Income ¹		<input type="checkbox"/> Money Market	
<input type="checkbox"/> EQ/AllianceBernstein Intermediate	<input type="checkbox"/> %	<input type="checkbox"/> EQ/Money Market*	<input type="checkbox"/> %
<input type="checkbox"/> Government Securities	<input type="checkbox"/> %		
<input type="checkbox"/> EQ/JPMorgan Core Bond	<input type="checkbox"/> %		
<input type="checkbox"/> EQ/Long Term Bond	<input type="checkbox"/> %		
<input type="checkbox"/> EQ/PIMCO Real Return	<input type="checkbox"/> %		
<input type="checkbox"/> EQ/Short Duration Bond	<input type="checkbox"/> %		
<input type="checkbox"/> Multimanager Core Bond	<input type="checkbox"/> %		
<input type="checkbox"/> Multimanager High Yield	<input type="checkbox"/> %		

Column(s) A: _____% Contribution Allocation Total

Column(s) B: _____% DCA Allocation Total

STOP Please confirm Column A and Column B (if elected) EACH total 100%.

- **Note:** If you elected 100% PGB you may only allocate among "GIO" and/or the "Asset Allocation" investment options.
- If you elected 125% PGB you may only allocate among "GIO" and/or the "AXA Moderate Allocation" investment option.

¹ Classification/grouping based on AXA Equitable's classification.

² Will be known as EQ/Legg Mason Value Equity until on or about December 1, 2008.

³ Will be known as EQ/FI Mid Cap until on or about December 1, 2008.

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10. Fund Rebalancing (Optional)

You may **not** elect Rebalancing if you allocate 100% of your contribution to only one investment option; we **cannot** rebalance one option. **Additional Variable Investment Option (VIO) and GIO transfers you make will not modify or cancel the scheduled rebalancing.**

Option 1: VIO only. This option only rebalances funds allocated to VIOs. You may **not** elect this Rebalancing option if you elect the Special Money Market DCA or the General DCA Fixed Period Option from the EQ/Money Market.

Quarterly Semi-Annually **or** Annually

Option 2: VIO and GIO. You may **not** elect this Rebalancing option if you elect **any** DCA.

Quarterly Semi-Annually **or** Annually

The Rebalancing Program will use the Contribution Allocations provided in Section 9 Column A. Any changes to this program must be in writing. Rebalancing will be on the same day of the month as the Contract Date.

11. Current Insurance

1. Do you have any other existing life insurance or annuities?

Yes No

2. Will any existing life insurance or annuity be (or has it been) surrendered, withdrawn from, loaned against, changed or otherwise reduced in value, or replaced in connection with this transaction assuming the Certificate/Contract applied for will be issued?

Yes No

If Yes, complete the following:

Company	Type of Plan	Year Issued	Certificate/Contract Number

12. Contract State

The Contract State is your state of primary residence (Owner's primary residential address from Section 2) unless you sign the application in a different state. **If you are signing this application in a state other than your state of primary residence, check one box below:**

I have a second residence in the state of sale.

I work or conduct business in the state of sale.

If none of the above apply, the application must be signed in your state of Primary Residence, unless we approve another state.

13. Fraud Warnings

Arkansas/New Mexico: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

- **Colorado/District of Columbia/Kentucky/Louisiana/Maine/Tennessee:** It is a crime to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages.
- **Oklahoma:** Any person who knowingly and with intent to injure, defraud or deceive an insurer, files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony.
- **Ohio:** Any person, who with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an enrollment form/application or files a claim containing a false or deceptive statement is guilty of insurance fraud.
- **All other states (except Virginia):** Any person who knowingly and with intent to defraud any insurance company files an enrollment form/application or statement of claim containing any materially false, misleading or incomplete information may be guilty of a crime which may be punishable under state or Federal law.

14. Signature and Acknowledgements

GENERAL DISCLOSURE. I/WE UNDERSTAND AND ACKNOWLEDGE THAT:

- Account value(s) attributable to allocations to the variable investment options, and any variable annuity benefit payments I may elect, may increase or decrease and are not guaranteed as to dollar amount.
- In the case of IRAs and Qualified Plans that provide tax deferral under the Internal Revenue Code, by signing this enrollment form/application I acknowledge that I am buying the Certificate/Contract for its features and benefits other than tax deferral, as the tax deferral feature of the Certificate/Contract does not provide additional benefits.
- Under penalty of perjury, I certify that the Tax Identification Number in Section 2 is correct.
- All information and statements furnished in this enrollment form/application are true and complete to the best of my knowledge and belief.
- AXA Equitable may accept amendments to this enrollment form/application provided by me or under my authority.
- No registered representative has the authority to make or modify any Certificate/Contract on behalf of AXA Equitable, or to waive or alter any of AXA Equitable's rights and regulations. AXA Equitable must agree to any change made to the Certificate/Contract and benefits applied for, or to the age at issue, in writing.
- Charges under the Certificate/Contract generally apply for the duration of the Certificate/Contract.

OPTIONAL BENEFIT DISCLOSURE. I/WE UNDERSTAND AND ACKNOWLEDGE THAT:

- No optional benefits are elected unless I checked the appropriate boxes in Section 6. Some elections may not be changed after the Certificate/Contract has been issued to me.
- There are additional charges for an optional benefit elected in Section 6.
- Withdrawals under the Certificate/Contract may reduce my Benefit Base.
- The crediting rate used for the GMIB and GMDB benefit base (if elected) does not represent a guarantee of my Account Value or Cash Value, and if I exercise GMIB, the benefit base will be in the form of a lifetime periodic payments only.
- Depending on my/our age, a GMIB, PGB and GDMB elected in Section 6 may be of limited usefulness because federal income tax lifetime required minimum distributions begins after age 70½ and such distributions that are withdrawn from the Certificate/Contract may significantly reduce the benefit.
- The annual reset when elected in conjunction with the GMIB may result in: a new [10-year] waiting period to exercise the GMIB, which may be started beginning on each Contract Date Anniversary that the Roll Up Benefit Base is reset; the charge for the "greater of" GMDB and the GMIB may increase depending on the terms of my Certificate/Contract as of the Contract Date Anniversary following each reset. If my Annuity Account Value does not exceed my GMIB Rollup to age [85] benefit base on any Contract Anniversary, no reset will occur. To cancel my reset request I must submit a signed and completed reset cancellation request. Any such request must be received at AXA Equitable's processing office at least [30 days] prior to the Contract Date Anniversary to which the cancellation applies. Requests received after this window will apply the following year. I am not able to cancel a reset once it has occurred. For jointly owned Certificates/Contracts, eligibility to reset the roll up benefit base is based on the age of the older owner. My GMIB benefit can no longer be exercised [30 days] after the contract anniversary following my [85th] birthday. There will be no further ratchets, roll ups or resets to my GMIB benefit base after that time.

I acknowledge that I have received the most current prospectus for the Accumulator Select. After reviewing my financial information and goals with my Registered Representative, I believe that this Certificate/Contract will meet my financial goals.

Consent for Delivery of Initial Prospectus on CD-ROM:

Yes. By checking this box and signing the enrollment form/application below, I acknowledge that I received the initial prospectus on computer readable compact disk "CD", and I am able to access the CD information. In order to retain the prospectus indefinitely, I understand that I must print it. I also understand that I may request a prospectus in paper format at any time by calling Customer Service at [1-800-789-7771] and that all subsequent prospectus updates and supplements will be provided to me in paper format, unless I enroll in AXA Equitable's Electronic Delivery Service.

By checking this box, providing my e-mail address, and signing the enrollment form/application below, I am requesting that AXA Equitable send me further information about enrolling in AXA Equitable's electronic delivery so that I may receive all statements, confirms and prospectus mailings electronically. []

When you sign this enrollment form/application, you are agreeing to the elections that you have made in this enrollment form/application and acknowledge that you understand the terms and conditions set forth in this enrollment form/application.

X

Proposed Owner's Signature Signed at: _____ City, State _____ Date _____

X

Proposed Annuitant's Signature (if other than Owner) Signed at: _____ City, State _____ Date _____

X

Proposed Joint Owner's Signature (if other than Annuitant) Signed at: _____ City, State _____ Date _____

X

Proposed Joint Annuitant's Signature (if other than Owner) Signed at: _____ City, State _____ Date _____

15. Registered Representative Section

1. Does the Proposed Insured have any existing life insurance or annuity contracts? Yes No
2. Do you have reason to believe that any existing life insurance or annuity has been or will be surrendered, withdrawn from, loaned against, changed or otherwise reduced in value, or replaced in connection with this transaction assuming the Certificate/Contract applied for will be issued on the life of the Annuitant(s)/Owner(s)? Yes No
3. Did you verify the identity by reviewing the driver's license/passport of each Owner/Annuitant, inquire about the source of the customer's assets and income, and confirm that the Proposed Insured and Owner is not (nor family member of or associates with) a foreign military, government or political official? Yes No
4. Is the Proposed Insured currently an Active Duty* Member of the Armed Forces? Yes No

(If "Yes", you must also submit a complete and signed LIFE INSURANCE/ANNUITY DISCLOSURE TO ACTIVE DUTY MEMBERS OF THE ARMED FORCES.)

* "Active Duty" means full-time in the active military service of the United State and includes members of the reserve component (National Guard and Reserve) while serving under published orders for active duty or full-time training. The term does not include members of the reserve component who are performing active duty or active duty for training under military calls or orders specifying periods of less than 31 calendar days.

X

Primary Registered Representative Signature	Social Security Number	or	Rep. Code
Print Name		%	() -
Client Account Number at Broker-Dealer	Email Address		Broker-Dealer Name

X

Secondary Registered Representative Signature	Social Security Number	or	Rep. Code
Print Name		%	() -
			Phone Number

Registered Representative Use Only. Contact your home office for program information. Option I Option II
 (Once selected, program cannot be changed.)

AXA Equitable Life Insurance Company

Combination fixed and variable deferred annuity

Enrollment Form under Group Annuity Contract No. 2006GAC and Application for Individual Contract

Please make checks payable to: AXA Equitable

First-Class Mail: AXA Equitable, Accumulator, P.O. Box 1577, Secaucus, NJ 07096-1577

Express Mail: AXA Equitable, Accumulator, 500 Plaza Drive, 6th Floor, Secaucus, NJ 07094-3619

For assistance, please call 888-517-9900

www.axadistributors.com

1. Contract Specifics

A. Type of Contract (Please choose one.)

- Non-Qualified (NQ)
- Rollover IRA
- Roth Conversion IRA
- Qualified Plan Defined Contribution (DC)¹
- Qualified Plan Defined Benefit (DB)¹
- Inherited IRA BCO (Direct Transfer of Decedent IRA)²
- Inherited Roth IRA BCO (Direct Transfer of Decedent Roth IRA)²
- Non-spousal QP Direct Rollover to an Inherited IRA BCO²

¹ EEB is not available.

² GMB, PGB and Special DCA are not available.

B. Total Initial Contribution(s): \$ _____

Specify Method(s) of Payment:

- Check or Wire
- 1035 Exchange (from Single Owner Contract, NQ only)
- 1035 Exchange (from Joint Owner Contract, NQ only)
- CD or Mutual Fund Proceeds (NQ only)
- Direct Transfer (IRA or Roth)
- Rollover (IRA or Roth)
- Direct Rollover (Non-Spousal QP to Inherited IRA only)

2. Account Registration (Please print)

A. Owner (Must be legal resident of US.)

- Individual Trust Qualified Plan Trust (DC/DB) UGMA/UTMA (State _____ Child's SSN _____)
- Custodian (IRA/Roth) Other Non-Natural Owner Beneficiary of Deceased IRA Owner
- Male Female **Date of Birth (mm/dd/yyyy)** _____ **Daytime Phone #** _____

Name (First) (Middle Initial) (Last) _____ Taxpayer Identification Number (Please check one.) SSN EIN ITIN

U.S.A. Primary Residential Address only — No P.O. Box Permitted _____ City _____ State _____ ZIP Code _____

If your Mailing Address is different from the Primary Residential Address above, please provide your Mailing Address in Section 5.

Email Address _____

B. Joint Owner (Must be legal resident of US.)

• The individual designated below is the Joint Owner.

- Male Female **Date of Birth (mm/dd/yyyy)** _____

Name (First) (Middle Initial) (Last) _____ Taxpayer Identification Number (Please check one.) SSN ITIN

U.S.A. Primary Residential Address only — No P.O. Box Permitted _____ City _____ State _____ ZIP Code _____

Email Address _____

C. Annuitant (If other than Owner.)

Male Female **Date of Birth (mm/dd/yyyy)** _____

Name (First) (Middle Initial) (Last) _____ Taxpayer Identification Number (Please check one.) SSN ITIN

U.S.A. Primary Residential Address only — No P.O. Box Permitted _____ City _____ State _____ ZIP Code _____

D. Joint Annuitant

• For NQ 1035 Exchange Certificates/Contracts that are Joint Annuitants who are spouses.

Male Female **Date of Birth (mm/dd/yyyy)** _____

Name (First) (Middle Initial) (Last) _____ Taxpayer Identification Number (Please check one.) SSN ITIN

U.S.A. Primary Residential Address only — No P.O. Box Permitted _____ City _____ State _____ ZIP Code _____

3. Patriot Act Information

1. Are you a US Citizen? (If "Yes" proceed to question 3.) Yes No

2. If you are not a US citizen do you hold a valid US visa, which under the US Patriot Act, permits you to purchase this annuity? Yes No

US Visa Category (The following categories are NOT permitted: B, C, D, F, J, M, Q, TWOV.) _____

3. Your Occupation _____ 4. Your Employer _____

Owner Form of Identification (Please check one.) Valid Driver's License Passport State Issued ID

Identification Number _____ Exp. Date _____

Joint Owner Form of Identification (Please check one.) Valid Driver's License Passport State Issued ID

Identification Number _____ Exp. Date _____

4. Beneficiary(ies) (Please use Special Instructions for Additional Beneficiaries.)

A. Primary

1. _____ %
Primary Beneficiary Name

Relationship to Owner _____

2. _____ %
Primary Beneficiary Name

Relationship to Owner _____

3. _____ %
Primary Beneficiary Name

Relationship to Owner _____

B. Contingent

1. _____ %
Contingent Beneficiary Name

2. _____ %
Contingent Beneficiary Name

3. _____ %
Contingent Beneficiary Name

5. Special Instructions

Attach a separate sheet if additional space is needed. For Owners whose Mailing Address differs from their Primary Residential Address in Section 2, please complete the following:

Mailing Address — P.O. Box accepted _____ City _____ State _____ Zip Code _____

6. Optional Benefit Elections

These optional riders are purchased for an additional charge. You should read the prospectus, disclosure on page 8 and applicable supplements for more complete information including the limitations, restrictions, charges and other information that applies to these features before making a selection.

A. Guaranteed Minimum Income Benefit (GMIB)

- STOP** Guaranteed Minimum Income Benefit (GMIB) and Guaranteed Minimum Death Benefit (GMDB) elections are made in this section.
- GMIB is declined unless "Yes" is checked below.
 - If you elect GMIB, you may not elect PGB.
 - Owner issue ages [20-75.]

Choose One:

1. [6%] GMIB with Annual Reset

- Yes, I wish to elect [6%] GMIB and Greater of [6%] Roll Up to age [85] or Annual Ratchet to age [85] GMDB
- Yes, I wish to elect [6%] GMIB and Annual Ratchet to age [85] GMDB
- Yes, I wish to elect [6%] GMIB and Standard GMDB

Annual Reset Election — Optional

- Automatic Reset Program** Reset my Roll Up Benefit Base(s) every year that I am eligible.
- Customized Reset Program** Reset my Roll Up Benefit Base(s) each year up to and including the contract anniversary date in the year _____ only. I understand that resets will only occur during this time period if I am eligible.

If you elected GMIB, skip to Section 6D for the opportunity to elect EEB, otherwise, proceed to Section 7.

B. Principal Guarantee Benefit (PGB)

- STOP** If you elected PGB, you must make a GMDB election in Section 6C.
- PGB is declined unless "Yes" is checked below.
 - If you elect PGB, you may not elect GMIB.
 - Yes, I wish to elect the **100% PGB**: Owner must allocate funds among the **Asset Allocation Investment Options, GIO and/or Special DCA**.
 - Yes, I wish to elect the **125% PGB**: Owner must allocate funds among the **AXA Moderate Allocation Investment Option, GIO and/or Special DCA**.

C. Guaranteed Minimum Death Benefit (GMDB)

- STOP** If you elected GMIB do not complete this section.
- If you did not elect GMIB, this section is MANDATORY.
 - For Owner issue ages [61-85], the Certificate/Contract will be issued with Standard GMDB.
 - Standard – Owner issue ages [0-85]
 - Annual Ratchet to age [65] – Owner issue ages 0-[75]

D. Earnings Enhancement Benefit (EEB)

EEB is declined unless "Yes" is checked below.

- Yes, I wish to elect the EEB — Owner issue ages [0-75.]

7. Broker Transfer Authorization

Yes, by signing this application, I hereby designate my registered representative named in Section 15 to act as my agent in giving subaccount transfer instructions by telephone or electronically, and I authorize AXA Equitable to act on such instructions. I understand that AXA Equitable (i) may rely in good faith on the stated identity of a person placing such instructions, and (ii) will have no liability for any claim, loss, liability, or expense that may arise in connection with such instructions. AXA Equitable will continue to act upon this authorization until such time as it receives my written notification of a change at its processing office. AXA Equitable may (i) change or terminate telephone or electronic or overnight mail transfer procedures at any time without prior notice, and (ii) restrict fax, internet, telephone and other electronic transfer services because of disruptive transfer activity.

8. Dollar Cost Averaging (Optional)

Dollar Cost Averaging (DCA) options — You may choose either Special or General Dollar Cost Averaging.

- Your DCA option is elected below and if you are not allocating 100% of your initial contribution to a DCA option, the balance of your initial contribution is allocated among the Investment Selections in Section 9 Column A.
- Your DCA contribution will be transferred to the Investment Selections in Section 9 Column B according to the instructions below.

A. Special Dollar Cost Averaging (Special DCA) — Check box for one time period and specify an allocation percentage or dollar amount.

• **Note:** Not available with Inherited IRA/Roth IRA.

3-months: **100% Allocation** or ____% or \$ _____

6-months: **100% Allocation** or ____% or \$ _____

12-months: **100% Allocation** or ____% or \$ _____

- In Section 9, you must complete the DCA Allocation Column B for amounts to be transferred (Column B must total 100%).
- If allocating 100% of your initial contribution to Special DCA above your requirement to complete Column A is fulfilled.
- If only allocating a portion of your initial contribution to Special DCA above, you must ALSO complete the initial Contribution Allocation Column A for the remaining amount of your initial contribution (Column A must total 100%).

B. General Dollar Cost Averaging (General DCA) You may choose only one of the options listed below.

1. **Guaranteed Interest Option (GIO*) — Interest Sweep Option**

- By selecting the box above (GIO – Interest Sweep Option), up to 25% of your contribution may be allocated to the GIO and the interest will sweep monthly to the funds selected.
- For your initial contribution, you must complete Contribution Allocation Column A (must total 100%) including an allocation to the GIO. The amount allocated to the GIO must be a minimum of **[\$7,500]** but may not exceed 25% of your contribution.
- You must complete the DCA Allocation Column B for the amounts to be transferred (Column B must total 100%).
- **The maximum allocation to the GIO is 25% of your contribution.**

2. **Fixed Period Option** —

- Check one of the boxes below for the Investment Selection from which funds will be transferred monthly and specify the transfer period in the blank.

Choose one: **GIO*** ____ (months) or **EQ/Money Market*** ____ (months)

- If selecting the GIO box above, up to 25% of your contribution may be allocated to the GIO in Column A which will then DCA to the funds selected in Column B.
- If selecting the EQ/Money Market box above, up to 100% of your contribution may be allocated to the EQ/Money Market in Column A which will then DCA to the funds selected in Column B.
- For your initial contribution, you must complete Contribution Allocation Column A (must total 100%) including a minimum allocation of **[\$5,000]** to either the GIO or the EQ/Money Market. The amount allocated to GIO may not exceed 25% of your contribution.
- You must complete the DCA Allocation Column B for the amounts to be transferred (Column B must total 100%).
- **The maximum allocation to the GIO is 25% of your contribution.**

* Contributions allocated to this Investment Option will cause the Rollup portion of your GMIB/GMDB benefit base to grow at **[3%]** (if elected).

9. Investment Selection

Contribution Allocation — You must allocate your initial contribution among Fixed Account and/or VIOs below using the Contribution Allocation column A, which must total 100%. All future Contributions will be allocated according to the percentages below unless instructed otherwise by you.

DCA Allocation — See instructions in Section 8.

* Contributions allocated to this Investment Option will cause the Rollup portion of your GMIB/GMDB benefit base to grow at **3%** (if elected).

A. Contribution Allocation % (Required)	B. DCA Allocation % (Optional)
Fixed Account — Percentages must be whole numbers	

_____ % Guaranteed Interest Option (GIO)* _____ N/A %

The maximum allocation to GIO is 25% of your Contribution.

A. Contribution Allocation % (Required)	B. DCA Allocation % (Optional)
Variable Investment Options — Percentages must be whole numbers	

Asset Allocation

AXA Allocation Portfolios

_____ %	AXA Conservative Allocation	_____ %
_____ %	AXA Conservative-Plus Allocation	_____ %
_____ %	AXA Moderate Allocation	_____ %
_____ %	AXA Moderate-Plus Allocation	_____ %
_____ %	AXA Aggressive Allocation ¹	_____ %

Other Asset Allocation

_____ %	EQ/FranklinTempleton Founding Strategy ¹	_____ %
---------	---	---------

Large Cap (Growth)

_____ %	EQ/Capital Guardian Growth	_____ %
_____ %	EQ/Capital Guardian Research	_____ %
_____ %	EQ/Evergreen Omega	_____ %
_____ %	EQ/Large Cap Growth PLUS	_____ %
_____ %	EQ/Marsico Focus	_____ %
_____ %	EQ/T. Rowe Price Growth Stock	_____ %
_____ %	Multimanager Large Cap Growth	_____ %

Large Cap (Blend)

_____ %	EQ/AllianceBernstein Common Stock	_____ %
_____ %	EQ/Davis New York Venture	_____ %
_____ %	EQ/Equity 500 Index	_____ %
_____ %	EQ/JPMorgan Value Opportunities	_____ %
_____ %	EQ/Large Cap Core PLUS	_____ %
_____ %	EQ/Large Cap Value Index ²	_____ %
_____ %	EQ/Lord Abnett Large Cap Core	_____ %
_____ %	EQ/Oppenheimer Main Street Opportunity	_____ %
_____ %	EQ/UBS Growth and Income	_____ %
_____ %	Multimanager Large Cap Core Equity	_____ %

Large Cap (Value)

_____ %	EQ/BlackRock Basic Value Equity	_____ %
_____ %	EQ/Boston Advisors Equity Income	_____ %
_____ %	EQ/Lord Abnett Growth and Income	_____ %
_____ %	EQ/Mutual Shares	_____ %
_____ %	EQ/Van Kampen Comstock	_____ %
_____ %	Multimanager Large Cap Value	_____ %

A. Contribution Allocation % (Required)	B. DCA Allocation % (Optional)	
Mid Cap (Growth)		
_____ %	EQ/AllianceBernstein Small Cap Growth	_____ %
_____ %	EQ/Mid Cap Index ³	_____ %
_____ %	EQ/Van Kampen Mid Cap Growth	_____ %
_____ %	Multimanager Mid Cap Growth	_____ %

Mid Cap (Blend)		
_____ %	EQ/Mid Cap Value PLUS	_____ %

Mid Cap (Value)		
_____ %	Multimanager Mid Cap Value	_____ %

Small Cap (Growth)		
_____ %	Multimanager Small Cap Growth	_____ %

Small Cap (Blend)		
_____ %	EQ/Oppenheimer Main Street Small Cap	_____ %
_____ %	EQ/Small Company Index	_____ %
_____ %	Multimanager Small Cap Value	_____ %

Small Cap (Value)		
_____ %	EQ/Franklin Small Cap Value	_____ %
_____ %	EQ/GAMCO Small Company Value	_____ %

International¹		
_____ %	EQ/AllianceBernstein International	_____ %
_____ %	EQ/BlackRock International Value	_____ %
_____ %	EQ/International Core PLUS	_____ %
_____ %	EQ/International Growth	_____ %
_____ %	Multimanager International Equity	_____ %

Diversified Emerging Markets		
_____ %	EQ/Van Kampen Emerging Markets Equity	_____ %

World Stock		
_____ %	EQ/Oppenheimer Global	_____ %
_____ %	EQ/Templeton Growth	_____ %

World Bond		
_____ %	EQ/Evergreen International Bond	_____ %

Specialty		
_____ %	EQ/Franklin Income ¹	_____ %
_____ %	EQ/GAMCO Mergers and Acquisitions ¹	_____ %
_____ %	EQ/Van Kampen Real Estate	_____ %
_____ %	Multimanager Health Care	_____ %
_____ %	Multimanager Technology	_____ %

(Continues on next page)

A. Contribution Allocation % (Required)	B. DCA Allocation % (Optional)	A. Contribution Allocation % (Required)	B. DCA Allocation % (Optional)
<input type="checkbox"/> Fixed Income ¹		<input type="checkbox"/> Money Market	
_____ % EQ/AllianceBernstein Intermediate	_____ %	_____ % EQ/Money Market*	_____ %
_____ % Government Securities	_____ %		
_____ % EQ/JPMorgan Core Bond	_____ %		
_____ % EQ/Long Term Bond	_____ %		
_____ % EQ/PIMCO Real Return	_____ %		
_____ % EQ/Short Duration Bond	_____ %		
_____ % Multimanager Core Bond	_____ %		
_____ % Multimanager High Yield	_____ %		

Column(s) A: _____ % Contribution Allocation Total

Column(s) B: _____ % DCA Allocation Total



Please confirm Column A and Column B (if elected) EACH total 100%.

- **Note:** If you elected 100% PGB you may only allocate among "GIO" and/or the "Asset Allocation" investment options.
- If you elected 125% PGB you may only allocate among "GIO" and/or the "AXA Moderate Allocation" investment option.

¹ Classification/grouping based on AXA Equitable's classification.

² Will be known as EQ/Legg Mason Value Equity until on or about December 1, 2008.

³ Will be known as EQ/FI Mid Cap until on or about December 1, 2008.

Classifications based on Morningstar® categories, as of 12/31/07, except where otherwise noted. © 2006 Morningstar, Inc. All rights reserved. The information contained herein: (1) is proprietary to Morningstar and/or its content providers; (2) may not be copied or distributed; and (3) is not warranted to be accurate, complete or timely. Neither Morningstar nor its content providers are responsible for any damages or losses arising from any use of this information. Past performance is no guarantee of future results.

10. Fund Rebalancing (Optional)

You may **not** elect Rebalancing if you allocate 100% of your contribution to only one investment option; we **cannot** rebalance one option. **Additional Variable Investment Option (VIO) and GIO transfers you make will not modify or cancel the scheduled rebalancing.**

Option 1: VIO only. This option only rebalances funds allocated to VIOs. You may **not** elect this Rebalancing option if you elect General DCA Fixed Period Option from the EQ/Money Market.

Quarterly Semi-Annually **or** Annually

Option 2: VIO and GIO. You may **not** elect this Rebalancing option if you elect **any** DCA.

Quarterly Semi-Annually **or** Annually

The Rebalancing Program will use the Contribution Allocations provided in Section 9 Column A. Any changes to this program must be in writing. Rebalancing will be on the same day of the month as the Contract Date.

11. Current Insurance

1. Do you have any other existing life insurance or annuities?

Yes No

2. Will any existing life insurance or annuity be (or has it been) surrendered, withdrawn from, loaned against, changed or otherwise reduced in value, or replaced in connection with this transaction assuming the Certificate/Contract applied for will be issued?

Yes No

If **Yes**, complete the following:

Company	Type of Plan	Year Issued	Certificate/Contract Number

12. Contract State

The Contract State is your state of primary residence (Owner's primary residential address from Section 2) unless you sign the application in a different state. **If you are signing this application in a state other than your state of primary residence, check one box below:**

I have a second residence in the state of sale.

I work or conduct business in the state of sale.

If none of the above apply, the application must be signed in your state of Primary Residence, unless we approve another state.

13. Fraud Warnings

Arkansas/New Mexico: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

• **Colorado/District of Columbia/Kentucky/Louisiana/Maine/Tennessee:** It is a crime to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. • **Oklahoma:** Any person who knowingly and with intent to injure, defraud or deceive an insurer, files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony. • **Ohio:** Any person, who with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an enrollment form/application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

• **All other states (except Virginia):** Any person who knowingly and with intent to defraud any insurance company files an enrollment form/application or statement of claim containing any materially false, misleading or incomplete information may be guilty of a crime which may be punishable under state or Federal law.

14. Signature and Acknowledgements

GENERAL DISCLOSURE. I/WE UNDERSTAND AND ACKNOWLEDGE THAT:

- Account value(s) attributable to allocations to the variable investment options, and any variable annuity benefit payments I may elect, may increase or decrease and are not guaranteed as to dollar amount.
- In the case of IRAs and Qualified Plans that provide tax deferral under the Internal Revenue Code, by signing this enrollment form/application I acknowledge that I am buying the Certificate/Contract for its features and benefits other than tax deferral, as the tax deferral feature of the Certificate/Contract does not provide additional benefits.
- Under penalty of perjury, I certify that the Tax Identification Number in Section 2 is correct.
- All information and statements furnished in this enrollment form/application are true and complete to the best of my knowledge and belief.
- AXA Equitable may accept amendments to this enrollment form/application provided by me or under my authority.
- No registered representative has the authority to make or modify any Certificate/Contract on behalf of AXA Equitable, or to waive or alter any of AXA Equitable's rights and regulations. AXA Equitable must agree to any change made to the Certificate/Contract and benefits applied for, or to the age at issue, in writing.
- Charges under the Certificate/Contract generally apply for the duration of the Certificate/Contract.

OPTIONAL BENEFIT DISCLOSURE. I/WE UNDERSTAND AND ACKNOWLEDGE THAT:

- No optional benefits are elected unless I checked the appropriate boxes in Section 6. Some elections may not be changed after the Certificate/Contract has been issued to me.
- There are additional charges for an optional benefit elected in Section 6.
- Withdrawals under the Certificate/Contract may reduce my Benefit Base.
- The crediting rate used for the GMIB and GMDB benefit base (if elected) does not represent a guarantee of my Account Value or Cash Value, and if I exercise GMIB, the benefit base will be in the form of lifetime periodic payments only.
- Depending on my/our age, a GMIB, PGB and GDMB elected in Section 6 may be of limited usefulness because federal income tax lifetime required minimum distributions begins after age 70½ and such distributions that are withdrawn from the Certificate/Contract may significantly reduce the benefit.
- The annual reset when elected in conjunction with the GMIB may result in: a new [10-year] waiting period to exercise the GMIB, which may be started beginning on each Contract Date Anniversary that the Roll Up Benefit Base is reset; the charge for the "greater of" GMDB and the GMIB may increase depending on the terms of my Certificate/Contract as of the Contract Date Anniversary following each reset. If my Annuity Account Value does not exceed my GMIB Rollup to age [85] benefit base on any Contract Anniversary, no reset will occur. To cancel my reset request I must submit a signed and completed reset cancellation request. Any such request must be received at AXA Equitable's processing office at least [30 days] prior to the Contract Date Anniversary to which the cancellation applies. Requests received after this window will apply the following year. I am not able to cancel a reset once it has occurred. For jointly owned Certificates/Contracts, eligibility to reset the roll up benefit base is based on the age of the older owner. My GMIB benefit can no longer be exercised [60 days] after the contract anniversary following my [85th] birthday. There will be no further ratchets, roll ups or resets to my GMIB benefit base after that time.

I acknowledge that I have received the most current prospectus for Accumulator Elite. After reviewing my financial information and goals with my Registered Representative, I believe that this Certificate/Contract will meet my financial goals.

Consent for Delivery of Initial Prospectus on CD-ROM:

Yes. By checking this box and signing the enrollment form/application below, I acknowledge that I received the initial prospectus on computer readable compact disk "CD", and I am able to access the CD information. In order to retain the prospectus indefinitely, I understand that I must print it. I also understand that I may request a prospectus in paper format at any time by calling Customer Service at [1-800-789-7771] and that all subsequent prospectus updates and supplements will be provided to me in paper format, unless I enroll in AXA Equitable's Electronic Delivery Service.

By checking this box, providing my e-mail address, and signing the enrollment form/application below, I am requesting that AXA Equitable send me further information about enrolling in AXA Equitable's electronic delivery so that I may receive all statements, confirms and prospectus mailings electronically.

When you sign this enrollment form/application, you are agreeing to the elections that you have made in this enrollment form/application and acknowledge that you understand the terms and conditions set forth in this enrollment form/application.

X

Proposed Owner's Signature Signed at: _____ City, State _____ Date _____

X

Proposed Annuitant's Signature (if other than Owner) Signed at: _____ City, State _____ Date _____

X

Proposed Joint Owner's Signature (if other than Annuitant) Signed at: _____ City, State _____ Date _____

X

Proposed Joint Annuitant's Signature (if other than Owner) Signed at: _____ City, State _____ Date _____

15. Registered Representative Section

- 1. Does the Proposed Insured have any existing life insurance or annuity contracts? Yes No
- 2. Do you have reason to believe that any existing life insurance or annuity has been or will be surrendered, withdrawn from, loaned against, changed or otherwise reduced in value, or replaced in connection with this transaction assuming the Certificate/Contract applied for will be issued on the life of the Annuitant(s)/Owner(s)? Yes No
- 3. Did you verify the identity by reviewing the driver's license/passport of each Owner/Annuitant, inquire about the source of the customer's assets and income, and confirm that the Proposed Insured and Owner is not (nor family member of or associates with) a foreign military, government or political official? Yes No
- 4. Is the Proposed Insured currently an Active Duty* Member of the Armed Forces? Yes No

(If "Yes", you must also submit a complete and signed LIFE INSURANCE/ANNUITY DISCLOSURE TO ACTIVE DUTY MEMBERS OF THE ARMED FORCES.)

* "Active Duty" means full-time in the active military service of the United State and includes members of the reserve component (National Guard and Reserve) while serving under published orders for active duty or full-time training. The term does not include members of the reserve component who are performing active duty or active duty for training under military calls or orders specifying periods of less than 31 calendar days.

X

Primary Registered Representative Signature	Social Security Number	or	Rep. Code
_____	_____		_____
Print Name		% () -	Phone Number
_____			_____
Client Account Number at Broker-Dealer	Email Address		Broker-Dealer Name
_____	_____		_____

X

Secondary Registered Representative Signature	Social Security Number	or	Rep. Code
_____	_____		_____
Print Name		% () -	Phone Number
_____			_____

Registered Representative Use Only. Contact your home office for program information. Option I Option II Option III
 Option IV (Once selected, program cannot be changed.)



AXA EQUITABLE

AXA Equitable Life Insurance Company

Application

Accumulator® PlusSM

FLORIDA

Combination fixed and variable deferred annuity

The annuity account value and variable benefit payments attributable to allocations to the variable investment options of the separate account are variable and are not guaranteed as to dollar amount.

Please make checks payable to: AXA Equitable

First-Class Mail: AXA Equitable, Accumulator, P.O. Box 1577, Secaucus, NJ 07096-1577

Express Mail: AXA Equitable, Accumulator, 500 Plaza Drive, 6th Floor, Secaucus, NJ 07094-3619

For assistance, please call 888-517-9900

www.axadistributors.com

1. Contract Specifics

A. Type of Contract (Please choose one.)

Non-Qualified (NQ)

Rollover IRA

Roth Conversion IRA

Qualified Plan Defined Contribution (DC)¹

Qualified Plan Defined Benefit (DB)¹

¹. EEB is not available.

B. Total Initial Contribution(s): \$ _____

Expected First Year Contribution²: \$ _____

². The Amount entered determines the Accumulator Plus Credit Percentage and assumes multiple Contributions will be made (see Section 14). If PGB is elected, we will only accept Contributions during the first 6 months of the first Contract Year.

Specify Method(s) of Payment:

Check or Wire

1035 Exchange (from Single Owner Contract, NQ only)

1035 Exchange (from Joint Owner Contract, NQ only)

CD or Mutual Fund Proceeds (NQ only)

Direct Transfer (IRA or Roth)

Rollover (IRA or Roth)

2. Account Registration (Please print)

A. Owner (Must be legal resident of US.)

Individual Trust Qualified Plan Trust (DC/DB) UGMA/UTMA (State _____ Child's SSN _____)

Custodian (IRA/Roth) Other Non-Natural Owner

Male Female **Date of Birth (mm/dd/yyyy)** _____ **Daytime Phone #** _____

Name (First) (Middle Initial) (Last) _____ Taxpayer Identification Number (Please check one.) SSN EIN ITIN

U.S.A. Primary Residential Address only — No P.O. Box Permitted _____ City _____ State _____ ZIP Code _____

If your Mailing Address is different from the Primary Residential Address above, please provide your Mailing Address in Section 5.

Email Address _____

B. Joint Owner (Must be legal resident of US.)

• The individual designated below is the Joint Owner.

Male Female **Date of Birth (mm/dd/yyyy)** _____

Name (First) (Middle Initial) (Last) _____ Taxpayer Identification Number (Please check one.) SSN ITIN

U.S.A. Primary Residential Address only — No P.O. Box Permitted _____ City _____ State _____ ZIP Code _____

Email Address _____

C. Annuitant (If other than Owner.)

Male Female Date of Birth (mm/dd/yyyy) _____

Name (First) (Middle Initial) (Last) _____ Taxpayer Identification Number (Please check one.) SSN ITIN

U.S.A. Primary Residential Address only — No P.O. Box Permitted _____ City _____ State _____ ZIP Code _____

D. Joint Annuitant

• For NQ 1035 Exchange Contracts that are Joint Annuitants who are spouses.

Male Female Date of Birth (mm/dd/yyyy) _____

Name (First) (Middle Initial) (Last) _____ Taxpayer Identification Number (Please check one.) SSN ITIN

U.S.A. Primary Residential Address only — No P.O. Box Permitted _____ City _____ State _____ ZIP Code _____

3. Patriot Act Information

- 1. Are you a US Citizen? (If "Yes" proceed to question 3.) Yes No
- 2. If you are not a US citizen do you hold a valid US visa, which under the US Patriot Act, permits you to purchase this annuity? Yes No

US Visa Category (The following categories are NOT permitted: B, C, D, F, J, M, Q, T, TW, OV.) _____

3. Your Occupation _____ 4. Your Employer _____

Owner Form of Identification (Please check one.) Valid Driver's License Passport State Issued ID

Identification Number _____ Exp. Date _____

Joint Owner Form of Identification (Please check one.) Valid Driver's License Passport State Issued ID

Identification Number _____ Exp. Date _____

4. Beneficiary(ies) (Please use Special Instructions for Additional Beneficiaries.)

A. Primary

- 1. _____ %
Primary Beneficiary Name _____
Relationship to Owner _____
- 2. _____ %
Primary Beneficiary Name _____
Relationship to Owner _____
- 3. _____ %
Primary Beneficiary Name _____
Relationship to Owner _____

B. Contingent

- 1. _____ %
Contingent Beneficiary Name _____
- 2. _____ %
Contingent Beneficiary Name _____
- 3. _____ %
Contingent Beneficiary Name _____

5. Special Instructions

Attach a separate sheet if additional space is needed. For Owners whose Mailing Address differs from their Primary Residential Address in Section 2, please complete the following:

Mailing Address — P.O. Box accepted _____ City _____ State _____ Zip Code _____

6. Optional Benefit Elections

These optional riders are purchased for an additional charge. You should read the prospectus, disclosure on page 8 and applicable supplements for more complete information including the limitations, restrictions, charges and other information that applies to these features before making a selection.

A. Guaranteed Minimum Income Benefit (GMIB)



Guaranteed Minimum Income Benefit (GMIB) and Guaranteed Minimum Death Benefit (GMDB) elections are made in this section.

- GMIB is declined unless "Yes" is checked below.
- If you elect GMIB, you may not elect PGB.
- Owner issue ages [20-75.]

Choose One:

1. [6%] GMIB with Annual Reset

- Yes, I wish to elect [6%] GMIB and Greater of [6%] Roll Up to age [85] or Annual Ratchet to age [85] GMDB
- Yes, I wish to elect [6%] GMIB and Annual Ratchet to age [85] GMDB
- Yes, I wish to elect [6%] GMIB and Standard GMDB

Annual Reset Election — Optional

- Automatic Reset Program** Reset my Roll Up Benefit Base(s) every year that I am eligible.
- Customized Reset Program** Reset my Roll Up Benefit Base(s) each year up to and including the contract anniversary date in the year _____ only. I understand that resets will only occur during this time period if I am eligible.

If you elected GMIB, skip to Section 6D for the opportunity to elect EEB, otherwise, proceed to Section 7.

B. Principal Guarantee Benefit (PGB)



If you elected PGB, you must make a GMDB election in Section 6C.

- PGB is declined unless "Yes" is checked below.
- If you elect PGB, you may not elect GMIB.
- Yes, I wish to elect the 100% PGB: Owner must allocate funds among the **Asset Allocation Investment Options, GIO and/or Special Money Market DCA.**
- Yes, I wish to elect the 125% PGB: Owner must allocate funds among the **AXA Moderate Allocation Investment Option, GIO and/or Special Money Market DCA.**

C. Guaranteed Minimum Death Benefit (GMDB)



If you elected GMIB do not complete this section.

- If you did not elect GMIB, this section is MANDATORY.
- Standard — Owner issue ages [0-80]
- Annual Ratchet to age [85] — Owner issue ages [0-75]

D. Earnings Enhancement Benefit (EEB)

EEB is declined unless "Yes" is checked below.

- Yes, I wish to elect the EEB — Owner issue ages [0-75.]

7. Broker Transfer Authorization

Yes, by signing this application, I hereby designate my Producer named in Section 15 to act as my agent in giving subaccount transfer instructions by telephone or electronically, and I authorize AXA Equitable to act on such instructions. I understand that AXA Equitable may rely in good faith on the stated identity of a person placing such instructions. AXA Equitable will continue to act upon this authorization until such time as it receives my written notification of a change at its processing office. AXA Equitable may (i) change or terminate telephone or electronic or overnight mail transfer procedures at any time without prior notice, and (ii) restrict fax, internet, telephone and other electronic transfer services because of disruptive transfer activity.

8. Dollar Cost Averaging (Optional)

Dollar Cost Averaging (DCA) options — You may choose either Special Money Market or General Dollar Cost Averaging.

- Your DCA option is elected below and if you are not allocating 100% of your initial contribution to a DCA option, the balance of your initial contribution is allocated among the Investment Selections in Section 9 Column A.
- Your DCA contribution will be transferred to the Investment Selections in Section 9 Column B according to the instructions below.

A. Special Money Market Dollar Cost Averaging (Special Money Market DCA) — Check box for one time period.

- 3-months
- 6-months
- 12-months

- The entire initial contribution is allocated to the EQ/Money Market option in Section 9 Column A.
- Amounts are transferred monthly over a 3, 6, or 12 month period as elected above to the Variable Investment Options you select in Section 9 Column B.
- You may not indicate a percentage for the EQ/Money Market option in Section 9 Column B.
- In Section 9, you must complete the DCA Allocation Column B for amounts to be transferred (Column B must total 100%).

B. General Dollar Cost Averaging (General DCA) You may choose only one of the options listed below.

1. **Guaranteed Interest Option (GIO*) — Interest Sweep Option**

- By selecting the box above (GIO – Interest Sweep Option), up to 25% of your contribution may be allocated to the GIO and the interest will sweep monthly to the funds selected.
- For your initial contribution, you must complete Contribution Allocation Column A (must total 100%) including an allocation to the GIO. The amount allocated to the GIO must be a minimum of \$7,500 but may not exceed 25% of your contribution.
- You must complete the DCA Allocation Column B for the amounts to be transferred (Column B must total 100%).
- **The maximum allocation to the GIO is 25% of your contribution.**

2. **Fixed Period Option** —

- Check one of the boxes below for the Investment Selection from which funds will be transferred monthly and specify the transfer period in the blank.

Choose one: **GIO*** _____(months) or **EQ/Money Market*** _____(months)

- If selecting the GIO box above, up to 25% of your contribution may be allocated to the GIO in Column A which will then DCA to the funds selected in Column B.
- If selecting the EQ/Money Market box above, up to 100% of your contribution may be allocated to the EQ/Money Market in Column A which will then DCA to the funds selected in Column B.
- For your initial contribution, you must complete Contribution Allocation Column A (must total 100%) including a minimum allocation of \$5,000 to either the GIO or the EQ/Money Market. The amount allocated to GIO may not exceed 25% of your contribution.
- You must complete the DCA Allocation Column B for the amounts to be transferred (Column B must total 100%).
- **The maximum allocation to the GIO is 25% of your contribution.**

* Contributions allocated to this Investment Option will cause the Rollup portion of your GMIB/GMDB benefit base to grow at 3% (if elected).

**ENDORSEMENT APPLICABLE TO THE RIGHT TO ADD AN OPTIONAL
GUARANTEED MINIMUM INCOME BENEFIT (“GMIB”) RIDER**

The term “Contract” as used in this Endorsement applies either to a Contract or Certificate.

This Endorsement is part of your Contract, and the same definitions apply to the capitalized terms used herein. The benefit described in this Endorsement is subject to all the terms contained in your Contract, except as modified below. In this Endorsement, “we”, “our” and “us” mean AXA Equitable Life Insurance Company and “you” and “your” mean the Owner.

Eligibility Requirements

You are eligible to add the Guaranteed Minimum Income Benefit (“GMIB”) Rider to your Contract after your Contract Date subject to the following conditions:

- (i) the only GMIB Rider you may add is the same rider that would have been issued on the Contract Date if you had elected it on your application for this Contract. A rider is the same rider only if it has the identical terms and conditions, including the same maximum charge.
- (ii) you elected one of the following Guaranteed Minimum Death Benefit options on your application for this Contract: 1) the Standard Guaranteed Minimum Death Benefit (“GMDB”), or 2) the Annual Ratchet to Age [85] GMDB. You may also have elected our Earnings Enhancement Benefit Rider. If the [Principal Guarantee Benefit] Rider was issued under your Contract, then this Rider does not apply and you may not add the GMIB Rider;
- (iii) the GMIB Rider that was on your Contract Date will continue to be available for addition to this Contract for at least [90 days] from the Contract Date. That GMIB Rider will not be available for addition to this Contract after the later of the following: (i) [90 days] from the Contract Date and (ii) the date we stop issuing that GMIB Rider for new Contracts of the same class as this Contract; and,
- (iv) you must be between the ages of [20] and [74] on the GMIB Rider Addition Date described below for such request to take effect.

You may submit a request to add the GMIB Rider to your Contract to our Processing Office. If you meet the eligibility requirements, then your Rider will take effect on the Contract Date Anniversary on or following the date we receive the request. This is the “Effective Date” of your GMIB Rider. The date that the rider is added to your Contract, if such date precedes the Effective Date, is the “Addition Date” of your GMIB Rider.

GMIB Rider Effective Date:

As of the GMIB Rider Effective Date:

- (i) your initial GMIB Benefit Base is set to equal the Annuity Account Value; and,
- (ii) all other terms and conditions of the GMIB Rider will apply.

AXA EQUITABLE LIFE INSURANCE COMPANY



Christopher M. Condrón
President and Chief Executive Officer



Karen Field Hazin, Vice President,
Secretary and Associate General Counsel

SERFF Tracking Number: ELAS-125903432 *State:* Arkansas
Filing Company: AXA Equitable Life Insurance Company *State Tracking Number:* 40842
Company Tracking Number: 2008ADOPT
TOI: A02.11 Individual Annuities- Deferred Non- *Sub-TOI:* A02.11.002 Flexible Premium
Variable and Variable
Product Name: Accumulator 08
Project Name/Number: Accumulator 08 Application and 2008ADOPT Endorsement/2008ADOPT

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: ELAS-125903432 State: Arkansas
Filing Company: AXA Equitable Life Insurance Company State Tracking Number: 40842
Company Tracking Number: 2008ADOPT
TOI: A02.11 Individual Annuities- Deferred Non- Sub-TOI: A02.11.002 Flexible Premium
Variable and Variable
Product Name: Accumulator 08
Project Name/Number: Accumulator 08 Application and 2008ADOPT Endorsement/2008ADOPT

Supporting Document Schedules

Review Status:
Satisfied -Name: Certification/Notice 11/14/2008
Comments:
Attachment:
ArkansasComplianceCrt Regulation 19s 10B.pdf

Review Status:
Satisfied -Name: Filing Fee Transmittal 11/14/2008
Comments:
Attachment:
ArkansasFilingFeeTrn.pdf

Review Status:
Satisfied -Name: Filing Letter 11/14/2008
Comments:
Attachment:
AR AXA GRP EQ Appl No GWBL ADOPT End Walsh RichardI AXA.pdf

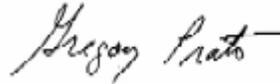
Review Status:
Satisfied -Name: Variable Text Memorandum 11/14/2008
Comments:
Attachments:
VTM App01 variable text Agent 2008 for core rev 1208.pdf
VTM App02 variable text ADL 2008 for core rev 1208.pdf

AXA Equitable Life Insurance Company
State of Arkansas
Certificate of Compliance – Regulation 19s 10B
Unfair Sex Discrimination in the Sale of Insurance

RE: 2008 App 01 C – Individual Variable Annuity – Application for Contract
2008 App 01 S – Individual Variable Annuity – Application for Contract
2008 App 01 E – Individual Variable Annuity – Application for Contract
2008 App 01 P – Individual Variable Annuity – Application for Contract
2008 App 02 C – Individual Variable Annuity – Application for Contract
2008 App 02 S – Individual Variable Annuity – Application for Contract
2008 App 02 E – Individual Variable Annuity – Application for Contract
2008 App 02 P – Individual Variable Annuity – Application for Contract
2008ADOPT – Individual Variable Annuity – Contract Endorsement

I, Gregory Prato, of AXA Equitable Life Insurance Company, do hereby certify that above listed form(s) meet the requirements of Regulation 19s 10B as well as all applicable requirements of the Arkansas Department of Insurance.

BY:



Signature

Gregory Prato

Name

Assistant Vice President

Title

11.14.2008

Date

**ARKANSAS
INSURANCE
DEPARTMENT**

FILING FEE TRANSMITTAL FORM ***

ATTN: LIFE & HEALTH DIVISION, ARKANSAS INSURANCE DEPARTMENT

Company Name : AXA Equitable Life Insurance Company

NAIC#: 968-62944

Company Contact Person: Frank E. Fernandez

Telephone No.: (212) 314-5698

<u>INSURANCE DEPARTMENT USE ONLY</u>		
ANALYST : _____	AMOUNT: _____	ROUTE SLIP: _____

**ALL FEES ARE PER EACH INSURED, PER ANNUAL STATEMENT LINE OF BUSINESS,
UNLESS OTHERWISE INDICATED.**

FEE SCHEDULE FOR ADMITTED INSURERS

RATE/ FORM FILINGS

Life and/or Disability policy form filing and review, per each policy, contract, annuity form , per each insurer, per each filing	### x \$50 =	\$ ###.##
	**Retaliatory	####.##
Life and/or Disability- Filing and review of each rate filing or loss ratio guarantee filing, per each insurer.	* ### x \$50=	\$ ###.##
	**Retaliatory	####.##
Life and/or Disability Policy, Contract or Annuity Forms: Filing and review of certificate, rider, endorsement or application if each is filed separately from the basic form.	* ### x \$20=	\$ ###.##
	**Retaliatory	####.##
Policy and contract forms, all lines, filing corrections in previously filed policy and contract forms.	9 x \$20=	\$ 180.00
	**Retaliatory	####.##
Life and/or Disability: Filing and review of Insured's advertisements, per advertisement, per each insurer.	* ### x \$25=	\$ ###.##
	**Retaliatory	####.##

AMEND CERTIFICATE OF AUTHORITY

Review and processing of information to amend * ## x \$ 400 \$ ###.##
an Insurer's Certificate of Authority. =

Filing to amend Certificate of Authority. *** ### x \$100 = \$ ###.##

*THESE FEES ARE PAYABLE UNDER THE NEW FEE SCHEDULE AS OUTLINED UNDER
RULE AND REGULATION 57.

**THESE FEES ARE PAYABLE UNDER THE OLD FEE SCHEDULE AS OUTLINED UNDER
ARK. CODE ANN. 23-63-102, RETALIATORY TAX.

***THESE FEES ARE PAYABLE AS REQUIRED IN ARK. ANN. 23-61-401.



Richard Walsh
Assistant Vice President
Annuity Product Management & Filing
1290 Avenue of the Americas
Mail Drop 14E-10
New York, NY 10104
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Fax: (212) 707-7493
richard.walsh@axa-equitable.com
www.axaonline.com

November 14, 2008

The Honorable Julie Benafield Bowman
Commissioner
Arkansas Department of Insurance
1200 W. Third Street
Little Rock, AR 72201-1904
Attn.: Policy & Other Form Filings

RE: AXA Equitable Life Insurance Company
NAIC No.: 968-62944
FEIN 13-5570651
2008 App 01 C – Group Variable Annuity – Application for Contract
2008 App 01 S – Group Variable Annuity – Application for Contract
2008 App 01 E – Group Variable Annuity – Application for Contract
2008 App 01 P – Group Variable Annuity – Application for Contract
2008 App 02 C – Group Variable Annuity – Application for Contract
2008 App 02 S – Group Variable Annuity – Application for Contract
2008 App 02 E – Group Variable Annuity – Application for Contract
2008 App 02 P – Group Variable Annuity – Application for Contract
2008ADOPT – Group Variable Annuity – Contract Endorsement
Memorandum of Variable Material

Dear Commissioner:

On 04/07/2008, the Department approved the Applications shown in the table below and Endorsement 2008ADOPT as part of the submission for our “Accumulator ’08 Series” variable annuity product (SERFF No. ELAS-125582288). These forms have never been used.

We are filing for your approval, replacing versions of the subject Applications and Endorsement with the following changes.

We have removed references to our Guaranteed Minimum Withdrawal Benefit for Life “GWBL” Rider (form 2008GWBL) from the Applications. The GWBL Rider will not be offered as a stand-alone option at this time. The GWBL Rider will continue to be available only under the conversion provision of the Guaranteed Minimum Income Benefit “GMIB” Rider.

We have removed references to the 6.5% version of the GMIB Rider from the Applications. Our GMIB Rider, previously offered with either a 6% or 6.5% rate will only be offered with the 6% option at this time. We have also removed references to the 6.5%, 6% and 3% “Greater of” Guaranteed Minimum Death Benefit “GMDB” Riders on a stand-alone

basis. Please note the 6% "Greater of" GMDB Rider will continue to be available, but only in combination with the election of the 6% GMIB Rider.

No other change has been made to the Applications.

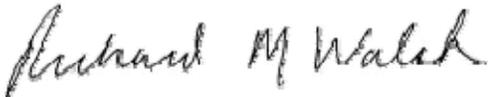
Product Marketing Name	Application form for Agent Channel	Application form for Outside Broker Channel
Accumulator	2008 App 01 C	2008 App 02 C
Accumulator Select	2008 App 01 S	2008 App 02 S
Accumulator Elite	2008 App 01 E	2008 App 02 E
Accumulator Plus	2008 App 01 P	2008 App 02 P

Endorsement 2008ADOPT, which provides the right to add an optional Rider in certain circumstances, has been revised by removal of reference to the GWBL option. The Endorsement will continue to provide the right to add the 6% GMIB Rider. No other change has been made to the Endorsement.

Enclosed, please find a revised Memorandum of Variable Material for the forms submitted herein. Due to a recent change in law, the state of New York no longer requires filing of this type of form for use outside of New York. Instead, New York now requires that we file annually, a list identifying and describing the policy forms issued by us for delivery outside New York. The required filing fee will be sent by express mail or EFT. We request that information contained in this letter and any attachments hereto be treated as confidential and be exempted from disclosure in accordance with the state's Freedom of Information law or other similar laws, and we be notified prior to any proposed release of this information.

For any questions or if you need additional information, you may contact me at (212) 314-3408 or Greg Prato at (212) 314-5710.

Sincerely,



Richard Walsh
Assistant Vice President

AXA EQUITABLE LIFE INSURANCE COMPANY
Description of Illustrative and Variable Text
For Enrollment Forms and Applications **2008 App 01 C, 2008 App 01 E,**
2008 App 01 P, and 2008 App 01 S,

The following comments describe the nature and scope of the illustrative and variable material in the forms. In addition, we may include in each section statements that provide instructions on how to complete the enrollment forms and applications to simplify administration and systems processing.

1. The address and telephone number for our processing office, and the catalog number and page footers of the form should be considered administrative in nature and is subject to change.
2. In Section 1 the Type of Contract references the markets (e.g., “NQ”, “QP”, “IRA”, etc) that may be added or removed to reflect markets offered. Accordingly any footnote made to this section may be modified.
3. In Section 1 the available methods of payment may vary by the type of markets offered.
4. In Section 2 the available types of ownership may vary by the type of markets offered.
5. In Sections 2 and 13 the e-mail address and election to participate in our Electronic Delivery Service are alternate text and will appear when we offer electronic delivery of statements and updates.
6. In Section 3 the information requested may be changed or added as a result of requirements of the U.S. Patriot Act.
7. In Section 6 the interest rate and age range may change due to market conditions.
 - The rate range on the GMDB and GMIB feature may vary from 3% to 7%;
 - The age range on the GMIB feature may vary from 15 to 90;
 - The Annual Ratchet age range is 70-90;
 - Standard GMDB issue age may vary from 65 to 90;
 - The age range on the EEB feature may vary from 15 to 85.
8. In Section 7 we reserve the right to change the minimum contribution amounts, which may change due to market conditions.
 - The General Dollar Cost Averaging Interest Sweep Option may vary from \$5,000 to \$9,000.
 - The General Dollar Cost Averaging Fixed Period Option may vary from \$3,500 to \$6,500.
9. In Sections 7 and 8 the interest rate of Variable Investment Options that may cause the Rollup portion GMIB/GMDB Benefit Base to grow at a lower rate may change due to market conditions and may vary from 1% to 8%.
10. In Section 8 the Separate Account Variable Investment Options available from AXA Equitable will be listed here and have been approved by the New York State Insurance Department. If AXA Equitable at any time, adds, removes, or limits Variable Investment Options or changes the Separate Account pursuant to the terms of the Contract, the list of Variable Investment Options will be changed accordingly.
11. In Section 8 the footnotes shown will appear on the application depending on the asset classifications service the company uses. Furthermore, if there are updates or changes to the

Variable Investment Options available, the respective footnotes may change accordingly. For example the effective date of Morningstar classifications will change from time to time.

12. In Section 9 we reserve the right to change the frequencies and or durations of these features. The duration options include Monthly, Quarterly, Semi-Annually, and Annually.
13. In Section 13 the wait period for resetting the GMIB/GMDB Roll Up Benefit Base may change due to market conditions and product variations. Any such change will be made on a new business basis only and is fair and non-discriminatory manner. The wait period may range from 5 – 15 years. The age range on the GMIB feature may vary from 15 to 90.
14. In Section 13 the period prior to the Contract Anniversary that a request is due may range form 15 – 90 days.
15. In Section 14 commission options may be added or removed.

AXA EQUITABLE LIFE INSURANCE COMPANY
Description of Illustrative and Variable Text
For Enrollment Forms and Applications **2008 App 02 C, 2008 App 02 E,**
2008 App 02 P, and 2008 App 02 S

The following comments describe the nature and scope of the illustrative and variable material in the forms. In addition, we may include in each section statements that provide instructions on how to complete the enrollment forms and applications to simplify administration and systems processing.

1. The address and telephone number for our processing office, and the catalog number and page footers of the form should be considered administrative in nature and is subject to change.
2. In Section 1 the Type of Contract references the markets (e.g., “NQ”, “QP”, “IRA”, etc) that may be added or removed to reflect markets offered. Accordingly any footnote made to this section may be modified.
3. In Section 1 the available methods of payment may vary by the type of markets offered.
4. In Section 2 the available types of ownership may vary by the type of markets offered.
5. In Sections 2 and 14 the e-mail address and election to participate in our Electronic Delivery Service are alternate text and will appear when we offer electronic delivery of statements and updates.
6. In Section 3 the information requested may be changed or added as a result of requirements of the U.S. Patriot Act.
7. In Section 6 the interest rate and age range may change due to market conditions.
 - The rate range on the GMDB and GMIB feature may vary from 3% to 7%;
 - The age range on the GMIB feature may vary from 15 to 90;
 - The Annual Ratchet age range is 70-90;
 - Standard GMDB issue age may vary from 65 to 90;
 - The age range on the EEB feature may vary from 15 to 85.
8. In Section 8 we reserve the right to change the minimum contribution amounts, which may change due to market conditions.
 - The General Dollar Cost Averaging Interest Sweep Option may vary from \$5,000 to \$9,000.
 - The General Dollar Cost Averaging Fixed Period Option may vary from \$3,500 to \$6,500.
9. In Sections 8 and 9 the interest rate of Variable Investment Options that may cause the Rollup portion GMIB/GMDB Benefit Base to grow at a lower rate may change due to market conditions and may vary from 1% to 8%.
10. In Section 9 the Separate Account Variable Investment Options available from AXA Equitable will be listed here and have been approved by the New York State Insurance Department. If AXA Equitable at any time, adds, removes, or limits Variable Investment Options or changes the Separate Account pursuant to the terms of the Contract, the list of Variable Investment Options will be changed accordingly.
11. In Section 9 the footnotes shown will appear on the application depending on the asset classifications service the company uses. Furthermore, if there are updates or changes to the

Variable Investment Options available, the respective footnotes may change accordingly. For example the effective date of Morningstar classifications will change from time to time.

12. In Section 10 we reserve the right to change the frequencies and or durations of these features. The duration options include Monthly, Quarterly, Semi-Annually, and Annually.
13. In Section 14 the wait period for resetting the GMIB/GMDB Roll Up Benefit Base may change due to market conditions and product variations. Any such change will be made on a new business basis only and is fair and non-discriminatory manner. The wait period may range from 5 – 15 years. The age range on the GMIB feature may vary from 15 to 90.
14. In Section 14 the period prior to the Contract Anniversary that a request is due may range from 15 – 90 days.
15. In Section 15 commission options may be added or removed.